

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	To Diana M. Fortuna from Mail Link Monitor re: Confirmation: Appt. Request for Fortuna, Diana (partial, privacy, DOB) (2 pages)	03/15/1996	b(7)(C), b(7)(E), b(6)
002. note	(partial, DOB) (1 page)	00/00/0000	b(6)
003. note	(partial, DOB) (1 page)	00/00/0000	b(6)
004. note	(partial, DOB) (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Diana Fortuna
OA/Box Number: 12024

FOLDER TITLE:

Appointees 3/96 [2]

2018-0525-S

ry2249

RESTRICTION CODES

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

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HEALTH CARE FINANCING ADMINISTRATION

**ADDRESSEE:**

Diana Fortuna

FROM: *Marcy Oppenheimer*

OFFICE OF THE ADMINISTRATOR
200 INDEPENDENCE AVE., S.W.
ROOM 314G
WASHINGTON, DC 20201

PHONE: _____

PHONE: 202-690-6726
FAX : 202-690-6262 .

TOTAL PAGES:

C+2

ADDRESSEE'S FAX MACHINE NUMBER:

DATE:

3/11/96

REMARKS:

This is an outline of Bruce Vladeck's remarks. Please call if you need any information.

Font

HIGHLIGHTS OF TALKING POINTS ON SELECTED ISSUES RELATED TO MANAGED CARE AND PERSONS WITH DISABILITIES

- Persons with disabilities represent a significant and growing portion of both the Medicare and Medicaid populations. Projections for both programs show that the proportion of disabled will continue to expand in the future:

765 d 13 too

• Medicare	1974:	1.8 million	(7.5% of the Medicare population)
	1994	4.2 million	(11% of the Medicare population)
	2010:	8.0 million	(17% of the Medicare population)
• Medicaid	1994:	5.5 million	(16% of the Medicaid population)
	2002	8.3 million	(18% of the Medicaid population)

- Although persons with disabilities currently are under represented in Medicare and Medicaid managed care, this trend is likely to shift given the expansion of HMOs in both programs. HCFA is committed to assuring that disabled beneficiaries have access to affordable and quality care, whether it is in a managed care or fee-for-service setting. Through our programmatic, legislative, and research initiatives, we are working to assure that managed care systems meet the health care needs of disabled beneficiaries.

- HCFA works in partnership with states, through both demonstrations for comprehensive state health care reform and demonstrations targeted to specific disabled populations, to effect a more fundamental shift in systems of care and financing for the disabled. Efforts are directed towards designing more integrated, comprehensive health care delivery systems, ranging from primary care case management models in the fee-for-service setting to HMOs. Demonstrations include PACE, SHMO, ESRD Managed Care Demonstration, Rhode Island CHOICES, Minnesota Long-Term Care Options, Wisconsin Special Care Initiative, and District of Columbia - Health Services for Children with Special Needs, Inc. (HSCSN).

State
prob?

Part of improving managed care for disabled populations includes designing better systems of payment and reimbursement to plans. The current system of Medicare reimbursement, which pays Medicare risk HMOs 95% of the average fee-for-service cost of care ("average adjusted per capita cost" or AAPCC), is not sensitive enough to adjust for health status. HCFA's work on improving this payment methodology includes: developing an effective health status adjuster, exploring the use of special payments for high cost cases, and the use of partial capitation.

be ready to address
inst bias

- ▶ HCFA is particularly committed to developing and improving performance measures to assure that managed care plans are responsive to the needs of disabled beneficiaries. HCFA has been actively involved in the production of Medicaid HEDIS (Health Plan Employer Data and Information Set), and has participated on the HEDIS Medicare subcommittee. The next version of HEDIS is expected to include measures that will capture information about care for the disabled.
- ▶ HCFA has focused new energy on reaching out to disabled beneficiaries -- initiatives this year include working with ADAPT, special focus groups on policy issues important to persons with disabilities (including one in Denver on managed care), and improving access for the disabled to information and materials about our programs.

- a bit blanko, everything's fine
- Who's he bringing?

BRIEFING BOOK MEMO

Friday, March 15, 1996

2:30 - 4:00 p.m.

Room 472 OEOB

FROM: Diana Fortuna

SUBJECT: Meeting of Appointees with Disabilities and HHS officials, to discuss Managed Care and People with Disabilities

PARTICIPANTS: From HHS: Bruce Vladeck, Robyn Stone, and perhaps others

Appointees confirmed at this point: Howard Moses, Paul Miller, Andy Imparato, Kate Seelman, Speed Davis, Michael Winter, Eddie Espinosa

Others: Skila Harris, Jeff Levi, Gary Blumenthal, Jennifer Klein

PURPOSE: For the appointees to hear from HHS about the research and other efforts they are undertaking to ensure that managed care does not disadvantage people with disabilities.

Also, several of the appointees are familiar with other work in this area (NIDRR is doing some), so I hope it will be an opportunity for both sides to learn.

MEETING GOAL: We may want to follow this up with future meetings on this subject, or this may be a one-time event, depending on the reaction of the appointees. I am planning for the next meeting of the appointees to focus on the new telecommunications law and how it will benefit people with disabilities, with folks from the FCC presenting.

AGENDA: Agenda is attached. You will welcome everyone, and we will go around the room for introductions. Then Bruce Vladeck will speak for 10 minutes, followed by 10 minutes from Robyn. Then we will open it up to discussion.

At the end of the meeting, we usually open it up to let the appointees discuss whatever is on their minds. It's not clear to me whether we could gracefully ask our visitors to leave before such a discussion. At the last meeting, we had an excellent discussion simply by touching base on things like the budget, IDEA, housing, the ADA, etc.

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EXECUTIVE OFFICE OF THE PRESIDENT

15-Mar-1996 01:51pm

TO: Diana M. Fortuna
FROM: Mail Link Monitor
Office of Administration, IST

SUBJECT: CONFIRMATION: APPT. REQUEST FOR FORTUNA, DIANA

FROM: WAVES OPERATIONS CENTER - ACO:
Date: 03-15-1996
Time: 13:43:30

(b)(7)c, (b)(6), (b)(7)e

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: FORTUNA, DIANA
Appointment Date: 3/15/96
Appointment Time: 2:30:00 PM
Appointment Room: 472
Appointment Building: OEOB
Appointment Requested by: FORTUNA DIANA M.
Phone Number of Requestor: 65570
Comments:

WAVES APPOINTMENT NUMBER: U72277

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 21
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 21

BENSON, WILLIAM
BLUMENTHAL, GARY
BRICKHOUSE, EUGENE
DAVIS, MARGARET
DAVIS, SPEED
ESPINOSA, RICHARD
IMPARATO, ANDREW
ITZKOFF, DONALD
KATZ, RUTH
KUNKEL, KENNETH

(b)(6)

MILLER, PAUL
MOSES, HOWARD
OBRIEN, ELLEN
OPPENHEIMER, MARCY
SEELMAN, KATHERINE
SMITS, HELEN
STONE, ROBYN
TORRESGIL, FERNANDO
VLADECK, BRUCE
WILLIAMS, ROBERT
WINTER, MICHAEL

(b)(6)

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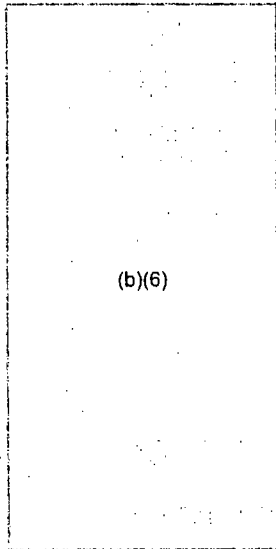
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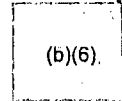
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Robyn Stone
Ruth Katz



Helen Swits 5727

[002]

Marcy O.

Torres - Gil, Fernando

~~William~~ Benson

Donald Fitzkoff

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(b)(6)

Howard Moses
Gary Blumenthal
Kenneth Tonkel 482-6720
Speed Davis
Eugene Brickhouse
Michael White

[003]

(b)(6)

~~John~~
Patricia Parisi
- parkina?
~~eddie~~ Espinosa - Richard
Paul Miller Edward
Andy Imperato
Katherine Seelman

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(b)(6)

Marg Davis
Ellen O'Brien

[004]

SP

WELFARE REFORM MORNING REPORT

FACSIMILE TRANSMISSION COVER SHEET

Aerospace Building
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447
Fax: (202) 205-4678

Cover + 14 Pages Date: Friday, March 15, 1996
From: **Dana Colarulli 401-6951**

TO:**The White House:**

Ken Apfel	395-5730
Rahm Emanuel	456-6423
Debbie Fine	456-7028
Betsy Myers	456-7311
Bruce Reed	456-5557
Jeremy Ben-Ami	456-7431
Diana Fortuna	456-7431
Emily Bromberg	456-2889
Susan Brophy	456-6220

HHS:**ASL:**

Jerry Klepner	690-7380
Mary Bourdette	690-8425
Irene Bueno	690-7380
Helen Mathis	690-8425
Rich Tarplin	690-7380

ASPA:

Melissa Skolfield	690-5673
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ASPE:

Peter Edelman	690-7383
Naomi Goldstein	690-7383
Wendell Primus	456-6562

IGA:

John Monohan	690-5672
Mike King	690-5672

ACF:

Mary Jo Bane
Ann Rosewater
Michael Kharfen
Patricia Sosa
Samara Weinstein

Message:

WELFARE REFORM

MORNING REPORT

Friday, March 15, 1996

CONTENTS

Part I. Calendar

Part II. Press Clips

March 1996

WELFARE REFORM SCHEDULE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
10 •Nevada Caucus (D) •Puerto Rico Primary (D) •Family Service America Public Policy Conference (March 10-13) Washington, DC – DES remarks (March 11th@ 8:15am)	11 •The White House Conference on Comprehensive Services for Children and Families (March 11-13)	12 •Florida Primary •Hawaii Caucus (D) •Louisiana Primary •Mississippi Primary •Oklahoma Primary •Oregon Primary •Tennessee Primary •Texas Primary (D/R)/Caucus(D) •Senate Budget Committee (Chairman Domenici, R-N.M.) March 12 10:00 am SD-608 Dirksen Bldg.	13 •OHIO Waiver •FSA & NAHS (see below) (March 13 Marriott Hotel at Metro Center) •National Asso. for State Comm. Services Progs. – Mid-Winter Legislative (3/13-15 – Capitol Hill) •Senate Judiciary Committee (Chairman Hatch, R-Utah) March 13 (SD-226 Dirksen Bldg)	14 •Press Conference – House Speaker Gingrich and Republican Governors Welfare and Medicaid (11:00am)	15 •Nat'l Asso. of Social Workers Lancaster, PA - DES Remarks	16 •Michigan Caucus (D)
17	18 •North Carolina Waiver (Cabarrus County) •Progressive Policy Institute March 18 (9-11a.m.) Urban Empowerment Conference: New Strategies for Change	19 •Illinois Primary •Michigan Primary (R) •Ohio Primary •Wisconsin Primary •MJB remarks -- Interstate Conference of Employment Security Agencies (ICESA) Winter Meeting, March 19 a.m. @ Hyatt Regency-Capitol Hill on Welfare Reform/Workforce Development	20	21 •United Way Public Policy Forum -- March 21-23 (Wash, DC)	22	23 •Wyoming Caucus (D)
24	25 •Utah Caucus •National Rural Development Partnership Conference -- March 25-27 (Washington, D.C.)	26 •California Primary •Nevada Primary •Washington Primary (R)	27 •Child Welfare League of America (CWLA) March 27-29 Annual Conference (Wash, DC -Grand Hyatt)	28	29 •North Dakota Caucus (D)	30 •Virgin Islands Caucus (D)

The Welfare Morning Report

On the Calendar for March 15, 1996 (cont.):

Hearings:

IMMIGRATION AND WELFARE BENEFITS

Senate Judiciary Committee (Chairman Hatch, R-Utah)

March 13 (Time TBA SD-226 Dirksen Bldg)

Agenda(March 13): S269 -- bill to amend the Immigration and Nationality Act to increase control over immigration to the United States; (proposal includes: reduction of the use of welfare by aliens)

Conferences:

CHILDREN AND FAMILY ISSUES

Family Service America & National Association of Homes and Services for Children

National public policy conference and legislative summit; Focus: upcoming changes in programs for children, families and the elderly and will stress the importance of family and children's programs as a sound investment in the future.

March 13 Time TBA Marriott Hotel at Metro Center

775 12th St. N.W. Contact: 202-223-3447

Progressive Policy Institute -- March 18 - 9-11a.m. (920 Hart Office Building)

Urban Empowerment Conference: New Strategies for Change

Confirmed guests - Jack Kemp, Sen Lieberman and Michael Porter (Harvard)

United Way of America (UWA) Public Policy Roundtable -- March 21-23

(Washington Hotel -- Washington, DC)

National Rural Development Partnership Conference -- March 25-27 (Washington, D.C.)

Keynote speaker (Monday 3/25): Pam Moore, *Mississippi rural EZ*

WED(3/27): "Sharing Ideas and Strategies: Local Welfare Reform Efforts" (Mayor Bill Graham, Scottsburg, IN)

Other Upcoming Events

American Public Welfare Asso. (APWA)

March 30-April 2 -- Spring Meeting (Washington, DC)

Confirmed Speakers include:

Mary Jo Bane (ACF) -- April 1

David Ross (Office of Child Support Enforcement-ACF)

Olivia Golden (ACYF-ACF)

United Way Leadership Conference -- open only to affiliates, leaders and staff

April 19-21 Nashville, Tennessee -- Opryland Hotel

Family Resource Coalition (FRC)

National Conference -- "*Changing the Way America Works for Families*"

(Chicago) -- May 1-4

A4 FRIDAY, MARCH 15, 1996 ...

THE WASHINGTON POST

House and Senate Adopt 1-Week Funding Extension

By Eric Pianin
Washington Post Staff Writer

The House and Senate yesterday approved a one-week spending measure to avoid a third partial government shutdown and buy more time while Republicans and the White House struggle toward a consensus on spending policy for the remainder of the fiscal year.

Faced with a deadline of tonight, Congress and the administration settled on a measure sure that the government fully operate at least 22. Both sides initially said they would have to pass the measure through the rest of the year and would meet President Clinton's desire to spend for his high-priority programs.

But yesterday both Democrats and Republicans voiced frustration over the painfully slow, incremental clearing up of disputes over spending for a budget year that begins in July.

"This has been stop and go, and I think in the process the House is looking sillier and sillier," said Rep. David R. Obey (Wis.), ranking Democrat on the House Appropriations Committee. Appropriations Chairman Bob Livingston (R-La.), letting off some steam of his own, said Republicans have "found it singularly impossible" to get the administration "to come to grips" with the festering budget issues.

Meanwhile, cracks began to show in a bipartisan effort by the nation's governors to reform Medicaid and welfare when Democratic governors complained that their GOP counterparts prematurely announced yesterday that Congress would take up compromise legislation this spring.

John Engler of Michigan, Tommy G. Thompson of Wisconsin and several other GOP governors had jointly announced with House Speaker Newt Gingrich (R-Ga.) that a combined welfare-Medicaid reform package would be introduced in Congress this month

and that the House and Senate would take up the measure in May. Without providing any compromise, Thompson said he was confident it should be signed.

But Nevada Gov. (D), who has 125

The Washington Post

and that the House and Senate would take up the measure in May. Without providing any of the specifics of the compromise worked out by the governors, Thompson declared, "We feel confident it can pass Congress and should be signed into law."

But Nevada Gov. Robert J. Miller (D), who has taken part in more than 125 hours of negotiations, described the announcement as "unfortunate and extremely premature."

"We still want to work together," Miller said, "but there must be bipartisan participation at every step of the way, not just when it seems to suit one party." Colorado Gov. Roy Romer (D) said there were still many issues to be resolved, including whether to link Medicaid and welfare reform.

The GOP has largely refused to get into the dispute over spending, although he and Gingrich have stressed their commitment to preventing another shutdown.

While neither the Senate nor the House is willing to restore the entire \$8 billion, the Senate has been more accommodating to the administration. It voted Tuesday to restore \$2.7 billion for education, job training and Head Start. However, the Senate rejected giving a boost to Clinton's plan to put 100,000 more police on the beat and it defeated efforts to allow



BY RAY LESTER—THE WASHINGTON POST
Effect of GOP education legislation (D-Mo.).

new endangered species. Today, the Senate defeated repeal of a controversial timber sale that has led to the loss of old growth forest in the Pacific Northwest. Previous legislation to protect fish and wildlife was amended, and a bill to protect the spotted owl was also amended. The bill, which would have required a timber sale, was defeated.

The bill, which would have required a timber sale, was defeated. The bill, which would have required a timber sale, was defeated.

... by the White House. But they contend the administration is being too greedy and may be jeopardizing efforts to bring down the deficit.

House Republicans also complain that the administration and the Senate have resorted to unwise "gimmicks" for offsetting the increased domestic spending, including plans for selling off the U.S. uranium enrichment corporation, selling part of the strategic petroleum reserve and reducing the Federal Aviation Administration's contracting authority for airport grants.

Staff writers Judith Havemann, Barbara Vobejda and Tom Kenworthy contributed to this report.

Page 1

Friday, March 15, 1996

Copyright 1996 Times Mirror Company -- Los Angeles Times
March 15, 1996, Friday, Home Edition

Assembly Votes to Keep Welfare Curbs; Capitol: In GOP victory, legislators act to maintain cuts in benefits and a freeze in cost-of-living increases. Heated debate includes accusations of sexism.

BYLINE: MAX VANZI, TIMES STAFF WRITER

DATELINE: SACRAMENTO

BODY: In a nasty debate filled with references to welfare mothers and sexism, the Assembly on Thursday approved Gov. Pete Wilson's legislation to deny automatic cost-of-living and other increases to welfare recipients.

On one of the hottest issues to erupt on the lower-house floor this year, Republicans finally won the fight to hold down benefits for about 3.7 million Californians on a 41-30 vote, the bare majority required.

All Republicans but one and Reform Party member Dominic Cortese of San Jose voted yes, while Democrats and Republican Assemblyman Brian Setencich of Fresno voted no. The measure goes next to the Democratic-controlled Senate, where its prospects are considered doubtful.

One lawmaker who sent tensions on the floor rocketing was Assemblyman Bernie Richter (R-Chico), who launched a broad-based attack against what he called "the destructive and failing welfare system."

"Thoughtless, reckless child-bearing is rewarded with a government check" that serves to "usurp the male role" in the family, he said.

At that, cries of "Sexism!" rose from the Democratic side of the aisle, and as Richter continued condemning the "oozing misery of welfare that is destroying America," Democrats interrupted four times, demanding that Richter stop reading from a prepared text, an Assembly rule violation.

Republican Speaker Curt Pringle, however, allowed Richter to continue, saying he was only using notes. At one point, Assemblyman John Burton (D-San Francisco) walked to Richter's side and peered over his shoulder, checking Richter's reading material, until Richter asked him to back off.

Democrats sought to dramatize the harm caused to the state's needy and place blame at the GOP's door.

"Don't think for a minute that you can hide the fact that you are saying to the blind, disabled and aged that you are not cutting their benefits," said Assemblywoman Jackie Speier (D-Burlingame). "You are doing precisely that by not allowing for an automatic cost-of-living increase" that lets benefits keep pace with inflation.

Enactment of the welfare bill, by Assemblyman Tom Bordonaro (R-Paso Robles), would mean that cuts in benefits and a freeze on cost-of-living increases would remain in place rather than be removed July 1 as called for in present law. The cuts were made in 1991 to help state government balance its

Page 2

Friday, March 15, 1996

budget, but the benefits had been scheduled to return to previous levels or thereabouts.

Democrats on Thursday proposed a flurry of amendments, calling for lessening the impact of continued cuts and for sharing the pain with the rich. But Republicans easily defeated each attempt.

Bordonaro said he was offering his bill "to avert a budget train wreck . . . by eliminating autopilot spending on social welfare programs, while maintaining the commitment to providing adequate assistance to the most vulnerable and disadvantaged Californians."

Failure to act, he said, would leave an \$ 800-million hole in the governor's proposed 1996-97 budget and would mean added costs of \$ 1.2 billion a year thereafter.

A recent Republican amendment softens the blow on the aged, blind and disabled by postponing a decision on cuts for them. If not changed during upcoming state budget negotiations, the amendment would restore cut benefits at the first of next year. Cost-of-living increases, however, would remain suspended for all aid categories.

Currently, a welfare mother of two receives a \$ 607 cash grant plus food stamps. Aged and disabled recipients get an average of \$ 626 a month plus food stamps. The blind receive extra stipends, and more for those using guide dogs.

The benefit differences debated in the Bordonaro bill range from \$ 30 to about \$ 100 a month, depending on the program and family size, but the long-term impact would be greater because of the cost-of-living freeze.

Repeating a Democratic refrain, Assemblyman Tom Bates (D-Berkeley), noted that under the 1991 crisis budgeting, the wealthy were asked to sacrifice too, in the form of a tax increase which has now been eliminated.

"That's the dichotomy," Bates said. "If you're wealthy and powerful, you're taken care of. If you're aged, blind and disabled, you don't get helped, or you get helped less."

GOP strategists had prevented the Republican bill from coming to a vote in recent days, fearful that not all 41 Republican members could be counted on. On Thursday they prevailed, but only with the vote of Cortese, the chamber's one Reform Party member. Cortese is a former Democrat who has been treated with kindness by the GOP ever since he switched.

In arguing for holding down welfare grants, Assemblyman Keith Olberg (R-Victorville) and other Republicans have cited a study purporting to show that welfare benefits in California are so high that they far exceed income from a minimum-wage job.

Again on Thursday, Olberg cited the study, conducted by the libertarian Cato Institute of Washington. The study concludes that a California welfare mother of two young children is provided cash and benefits worth \$ 20,687 a year.

The Cato conclusions are widely disputed by Democrats and by another Washington think tank, the liberal Center on Budget and Policy Priorities, which puts the three-member welfare family's income at less than \$ 10,000 a year in California.

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The Cato group, critics noted, adds up every conceivable benefit and assigns the total to every recipient, including, for example, public housing even though it is available to only 9% of California welfare families.

A spokeswoman for the Cato Institute said that while its conclusions are "controversial," they still pertain accurately to the most welfare-dependent families.

Copyright 1996 Times Mirror Company - Los Angeles Times
March 15, 1996, Friday, Home Edition

Bipartisan Bid to Reform Welfare, Medicaid Falters

BYLINE: EDWIN CHEN, TIMES STAFF WRITER

A high-profile, bipartisan effort by the nation's governors to break the deadlock between Congress and President Clinton on welfare and Medicaid reform all but collapsed Thursday amid escalating election-year rancor.

The turn of events apparently sets the stage for the GOP majority in Congress to push through a bill to reform welfare and Medicaid without much Democratic support. The measure would then almost certainly draw a presidential veto and become a hot campaign issue for both sides.

The breakdown emerged in a bit of political theater that began with a morning press conference, led by House Speaker Newt Gingrich (R-Ga.), at which a group of Republican governors announced that their Democratic counterparts had agreed to a detailed plan to revamp Medicaid and welfare, climaxing more than 125 hours of face-to-face negotiations. They said that such a bill would be ready for House and Senate action within two weeks.

But that announcement was quickly and unequivocally disavowed by the three Democratic governors involved in the marathon negotiations. The three had not been told of the all-Republican news conference, much less invited to attend.

Democratic governors Robert Miller of Nevada, Roy Romer of Colorado and Lawton Chiles of Florida said in a joint statement that "today's announcement was unfortunate and extremely premature."

Considerable work remains to be done on the proposal, the statement said, and it noted that there had been no discussion of--much less agreement on--linking welfare reform to Medicaid reform.

Some independent analysts suggested that the GOP's move amounted to an exit strategy spawned by a realization that a genuinely bipartisan proposal could not be reached and enacted in the time left during the congressional session before the election season overshadows all else.

An aide to one of the Democratic governors said: "Only in Washington could a gathering of Republican senators, Republican governors, the Republican speaker of the House be called bipartisan."

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It's surreal."

The GOP governors said at their press conference that Democrats were not included because only Republican governors were in Washington, where they were meeting with Republican congressional leaders, as they do quarterly.

Miller, Romer and Chiles were not informed of the press conference, according to an aide to one of the governors.

"If the Democratic governors believe that this is no longer about getting a bill done but about presidential politics, they're out of here," said another Democratic staff member. "This is by no means some speed bump . . . but a real breakdown.

"We can still put this thing back together," the aide added. "But there's going to be nothing easy about that."

Late last year, Congress passed a sweeping welfare reform bill but Clinton vetoed the measure, saying that it contained unacceptably deep cuts in aid and no meaningful work requirements.

The nation's governors breathed new life into welfare and Medicaid reform in February by unanimously adopting a set of principles during their winter meeting here that was seen as the final potential vehicle to break the Congress-White House deadlock.

Since then, however, the issue has grown contentious and partisan as their efforts closed in on the details, according to those who have been in the negotiating sessions.

Also on Thursday, Health and Human Services Secretary Donna Shalala said in Atlanta that the Clinton administration still hopes that it can work out a deal with Congress that leads to reform of the nation's welfare program, according to wire service reports.

"But it must be one that moves people from welfare to work and protects children," she said.

Among the GOP governors at the Thursday press conference was Wisconsin's Tommy G. Thompson.

He is expected to sign a welfare bill that passed his state's legislature Thursday in Madison. It would force people on welfare, most of them women, to get jobs.

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Friday, March 15, 1996

Times Publishing Company -- St. Petersburg Times

March 15, 1996, Friday

SECTION: METRO & STATE; Pg. 5B LENGTH: 579 words

United Senate votes to limit welfare

BYLINE: KIT TROYER

Supporters of the measure hail it as a major advance in overhauling welfare.

TALLAHASSEE - Vowing to "end welfare as we know it," the Florida Senate voted overwhelmingly Thursday to limit how long poor people can receive government checks. Under the plan, there would be a two-year limit on assistance and a requirement that all able-bodied recipients work 40 hours a week.

Those who could not find jobs in the private sector would be forced to do community service, such as cleaning parks or roadways.

"Today, you get money for not working," said Sen. Toni Jennings, R-Orlando, the bill's sponsor. "We're going to change that."

The measure was approved unanimously. To become law, it would have to be approved by the House of Representatives and signed by Gov. Lawton Chiles.

Some House members have protested that the Senate plan is too tough and would hurt women and children. Chiles is pushing a somewhat less strict proposal called "Work First."

Still, Chiles and House leaders have said their ideas aren't radically different from the Senate bill and that they expect some version of welfare reform to be enacted this year.

The measure approved on Thursday would affect more than 200,000 Florida families receiving Aid to Families with Dependent Children. Senators estimated the plan would save \$ 50-million in state spending.

To cushion the effects of work requirements and the two-year limit on checks, senators promised they would expand funding for child care and would make sure that children, the disabled and others facing hardships would not be cut off from benefits.

Children shouldn't be punished "because they have sorry, low-down, no-good, trifling parents," said Sen. W.D. Childers, R-Pensacola.

Some of the most strict measures involve teen mothers. To receive benefits, they would be prohibited from setting up separate households, required to attend school and forced to identify the fathers of their children.

The state would then go after those fathers for child support and for possible criminal prosecution for having sex with minors, senators said.

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Babies are "a two-party deal," said Sen. Betty Holzendorf, D-Jacksonville. "Only one mother had a baby without" having sex, she said. "That was Mary, and that baby was Jesus Christ." The bill also would beef up child-support collection by keeping deadbeat parents from getting hunting and fishing licenses. Still, a major question mark remains.

As they shape a new welfare apparatus for the state, Florida lawmakers are assuming the U.S. Congress will act this year to relinquish federal control over welfare money.

More than \$ 500-million in AFDC would be turned over to Florida in the form of block grants and the state would then control the spending of that money. Congressional leaders say they are committed to doing that. However, the federal government also has been bogged down in continued budget battles, and lawmakers in Washington, D.C., will be spending more and more time on election campaigns as the November elections approach.

If Congress does not hand over control of welfare to the states this year, Florida would have to seek special permission for its plan. State welfare officials likely would have to phase in the proposed changes more piece by piece.

Whatever the outcome in Washington, the bill's architects hailed Thursday as a major advance.

"This ends welfare as an entitlement," Jennings said. "This is a pretty big bill."

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March 15, 1996 Friday, NORTH SPORTS FINAL EDITION

'MUST WORK' BILL OKD IN WISCONSIN; RADICAL REFORM MEASURE TARGETS WELFARE MOTHERS

BYLINE: Associated Press.

DATELINE: MADISON, Wis.

Angela Wilks makes a grim prediction about what will happen when Gov. Tommy Thompson follows through on his plan to put Wisconsin's 53,000 welfare mothers to work.

"There's going to be stealing, killing. Women are going to do whatever it takes to support their children," said Wilks, 23, who doesn't think the program will provide enough benefits.

The Legislature approved the plan Thursday, and Thompson said he would sign it next month.

"Finally, we are caring enough about these children and families to free them from the welfare trap, instead of just handing them a check once a month and walking away," said Thompson, a welfare-reform advocate who has touted Wisconsin Works, or "W-2," as a model for the nation.

The program passed with broad support from both Republicans and Democrats despite protests and

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criticism that requiring people to work in sub-minimum wage jobs to receive welfare benefits amounts to "slave labor."

Under the plan, women will be given assistance finding a job. If a market-wage job isn't available, employers will be subsidized to hire the women. Training would be available.

Women must work 28 to 40 hours a week to be eligible for:

- Enrollment in a health maintenance organization, with co-payments based on income.

- Child-care benefits of up to \$100 a week per child.

- Food stamps, dependent on the number of children.

The goal is to put all able-bodied welfare mothers to work by the year 2000. It will replace Aid to Families with Dependent Children starting in July 1997, if Thompson gets approval from Congress to use AFDC money for the new program.

Mark Greenberg, senior staff attorney for the Center for Law and Social Policy in Washington, said the program is the first of its kind.

"No other state program to date says that it will only provide aid in return for work," Greenberg said.

W-2 would cost \$1.06 billion in 1997-98, \$66 million more than the welfare programs it would replace, the Wisconsin Taxpayers Alliance said.

Wilks, who has a 9-month-old son, questions W-2's child-care provisions. She worked as a custodian for Milwaukee's public schools and then went on AFDC last year because she couldn't afford child care.

"How are you going to find a decent baby sitter?" she asked. "If you're not there for your baby, they'll say child neglect."

W-2 is the latest in a series of welfare reforms by Thompson, chairman of the National Governors' Association.

Wisconsin's welfare caseloads have gone down from nearly 95,000 in 1986 to 65,000 today.

Ohio cleared for change in welfare

3-14-96

• Experiment will reward recipients who find work, limit cash benefits to 36 months in a 60-month period

BY WILLIAM HARRISON
Aspen News Service

WASHINGTON The Clinton administration yesterday approved a five-year Ohio experiment aimed at rewarding welfare recipients when they go to work but punishing them when they don't take advantage of job or training opportunities.

Gov. George Voinovich, who signed state legislation outlining the changes in August, praised the decision by Health and Human Services Secretary Donna A. Shalala. But he said real welfare reform won't come until the federal government returns authority to the states, as was requested last month at the National Governors' Association meeting in Washington.

"I remain frustrated that the restructuring is slow and cumbersome,"

some welfare administration process has required us to spend the last seven months filling out forms for federal bureaucrats rather than helping welfare recipients move toward self-sufficiency and independence," Voinovich said.

However, Mark Reel, director of the Children's Defense Fund of Ohio and a key Voinovich ally in winning the approval, said Shalala's decision strikes the right balance.

It would continue such welfare benefits as an entitlement, which poor families automatically qualify for based on factors such as income, but would withdraw the entitlement when welfare recipients don't live up to their end of the bargain. If a pure block grant approach were established, states

See ADC, Page D1

ADC

• Voinovich is unhappy some sanctions left out

Continued from Page D1

could run out of money during hard economic times, Reel said.

In Washington, Rep. Edward Brown, D-Ohio, also applauded the decision.

President Clinton's "flexible approach to this difficult issue is far preferable to the extremist positions taken by the Republicans in Congress," said Brown, whose district includes Medina County and parts of Summit and Putnam counties.

About 580,000 Ohioans, including 400,000 children, receive Aid to Dependent Children cash benefits.

The monthly benefit for a family of three is \$241. Here are highlights of what Shalala approved:

• Eligibility for cash benefits would be limited to 36 months in any 60-month period, with exceptions for those unable to work or receive training.

• Applicants would be required to look for work while their ADC application is processed.

• The first \$200 earned each month and half of any earned income over \$200 would be disregarded when calculating eligibility for benefits.

CHENOWETH

Numbers of people on welfare in the five counties in the region

Summit — 21,500

Stark — 18,300

Putnam — 8,500

Wayne — 2,600

Medina — 1,600

There are 120,000 ADC recipients in Cuyahoga County, according to state records.

• Married parents would be able to work more than 160 hours a month and retain eligibility.

• Recipients would be required to sign a contract outlining steps they would take to become independent.

• Recipients would lose benefits gradually through a four-step process if they don't cooperate with employment, training and child-support requirements.

• Those without high school diplomas must enroll in education programs.

• Pregnant women must get prenatal care and cooperate with substance-abuse treatment programs.

Sam Rhodes, deputy director of the state Department of Human Resources, said the changes will begin to take effect by July, and all

AKRON BEACON
JOURNAL

should be in place by Oct. 1.

Voinovich criticized the Clinton administration for not approving all the requested changes.

He had asked that decreases in cash benefits resulting from failure to find work or training requirements not be accompanied by an increase in food stamp allotments, but this was not approved.

"If food stamp levels are increased to compensate for the reductions, we end the wrong message to sanctioned welfare recipients while creating a tremendous administrative burden for human services counselors," he said.

However, Reel said that federal

law prohibits Shalala and her department from cutting food stamps in such cases.

The governor said he was frustrated because federal officials didn't agree to withdraw eligibility for Medicaid — the medical program for the poor — for those who are guilty of welfare fraud.

"This is unfair to the hard-working citizens whose tax dollars are used to support the welfare system."

... Our package was designed as a carefully balanced blend of incentives and sanctions. ... By approving some of our waiver but not all of it, the federal government has upset this careful balance," he said.

03/14/96 13:34 FAX 8142218093

REP JANE CAMPBELL

002

Ohio welfare reform gets federal OK

Columbus Dispatch

By Alan Johnson
and Jonathan Shultz
Special Staff Writers

3-14-96

Most of Ohio's welfare reform plan got the go-ahead from the federal government yesterday, but Gov. George V. Voinovich is mulling at what wasn't approved and how long the process took.

The Clinton administration — after a review that was supposed to take 30 days but took seven months — approved 77 of the 81 welfare proposals, clearing the way for congressional welfare reform in the state by Oct. 1 at the latest.

"Our judgments will make real differences in the lives of thousands of Ohio's most vulnerable citizens," Voinovich said. "With our reforms, the state will become a true partner in helping recipients break free of the cycle of welfare dependency."

Voinovich blamed Clinton for subjecting the state to an "unreasonably slow and cumbersome" process and failing to approve all requests.

The Council on Social Security, which approved Voinovich's welfare overhaul in August 1994, but 21 provisions required review from federal government regula-

tions before they could be put into effect.

After its seven-month review, the federal government refused to approve provisions that would have prevented a state's first child support hearing from occurring within 10 days of a defendant's citation, the age cut and another that would have denied Medicaid eligibility to anyone guilty of welfare fraud.

Voinovich said the state program "was designed as a carefully balanced blend of incentives and sanctions ... by approving seven of our welfare but not all of it, the federal government has upset this careful balance."

However, the Clinton administration said its approval will allow Ohio to put dramatic statewide changes into place, including drug limits for welfare recipients, positions allowing recipients to earn more money without losing benefits, a mandatory "self-sufficiency contract" as a condition of benefits and penalties if recipients do not cooperate with employment and child support enforcement agencies.

Donna Shalala, U.S. secretary of health and human services, said the Ohio plan, as it is called, "strongly reflects the president's welfare reform principles of moving people quickly into work and promoting parental responsibility."

Chinese checkers

Reverly On Ohio House

of Representatives

passed a resolution

calling for the U.S. to

renew its relations

with Taiwan — but not

without some lively

debate. First a

Republican

opponent questioned

whether the U.S. has

any opinion every

thing about the U.S.

Then Democrats Rep.

Wayne Jones reminded

Republicans that they

had refused to support

legislation on

Arms or Ireland on the

grounds that "Only

foreign policy should be

that legislation."

March 14, 1996 COLUMBUS DISPATCH 7

THE PLAIN DEALER

Cleveland
Plain Dealer
3/14/96

Ohio

THURSDAY
MARCH 14 1996

Washington approves Ohio welfare plan

By JOE BILAKIT
and EDNALEEN HARRISON
PLAIN DEALER STAFF WRITERS

COLUMBUS — The federal government yesterday approved a less-restrictive version of Gov. George V. Voinovich's wanted plan to reform the state's welfare system, ending a bitterest response from the governor.

Despite bickering the Clinton administration for delaying approval and eliminating elements of the reform plan, Voinovich nevertheless heralded it as one of the nation's strongest.

"With our reforms, the state will become a lean partner in

helping recipients break free of the cycle of welfare dependency," he said.

The plan, labeled "tough love" by Voinovich, combines incentives with penalties in an effort to move thousands of Ohioans from welfare to work. It contains 30 provisions, 28 of which required waivers from the federal government, a process that took some months.

Voinovich and other GOP governors have beseeched President Clinton and Congress to turn over control of welfare programs to the states and fund them with block grants.

Under the plan enacted last

Ohio law last August, welfare recipients can collect welfare benefits for just three years in any five-year period, effectively forcing them to get jobs. The federal government, however, watered that provision down by permitting benefits to continue for recipients who "through no fault of their own" cannot get jobs, according to Ronald Rhodes, deputy director of the Ohio Department of Human Services.

The new law, which Rhodes said would be fully implemented by October, requires welfare recipients without a high school diploma to work toward their high

school equivalency certificate to receive benefits, and stipulates that unmarried teen mothers on welfare must live with their parents until age 18.

Meanwhile, the law lets Ohioans on public assistance work more hours at part-time jobs while still remaining eligible for welfare benefits, and it penalizes two-parent families by removing a child that discouraged marriage.

The law tightens child-support collection procedures, and provides incentives to order the parents of teenage fathers to pay child support until the father turns 18. In addition, parents who owe child support will have their driver's li-

cense and any state-issued professional or occupational licenses yanked until they pay up.

Rhodes and the governor decried the federal government's failure to approve a state proposal to cut all Medicaid benefits to individuals guilty of welfare fraud.

Those who have to deal firsthand with welfare recipients aren't sure there are enough available jobs and that is high school equivalency programs.

"Most of the jobs that people are getting are low-wage, no-benefits jobs," said Jack Frisch, director of the Athens County Depart-

ment of Human Services. He added that requiring more of welfare recipients with a good job.

Frisch and Mary Lou Gelske, director of the Lorain County Human Services Department, questioned whether the state plan's health care provisions were adequate for children moving from welfare into jobs.

Mark Rink, executive director of the Children's Defense Fund Ohio, said the key elements of the reform plan were kept intact by the federal government, including provisions "to make work more worthwhile and allow people to keep more of what they earn" while still receiving some benefits.

Children injured



Bill would fight attacks by common-law followers

By BOB MOWE
PLAIN DEALER STAFF WRITER

COLUMBUS — Legislators will be asked to vote public officials with a law that allows them to fight back against attacks of "popper terrorism" from a fast-growing social movement.

Rep. William Schuck, a Columbus Democrat, said the world

according to human rights and right-wing watchdog organizations.

Should the bill eventually become law, it's not likely to deter such attacks issued by the common-law court, said Ron Edwards, the chief justice of "our one supreme Court" in Columbus.

"If anything, it will speed it

Gentrey Kent, the Lorain County recorder and president of the Ohio Recorder's Association. "These [common-law] people are absolutely serious and think they are operating under the letter of the law, and we find ourselves in the unusual situation."

Kent said recorders sought clarification of the law because some officials had been subject to

Q004

REP JUNE CAMPBELL

03/14/96 FAX 6147211063 13:57 98/07/96

APPOINTEES WITH DISABILITIES
AGENDA

December 5, 1995

1. Budget Update

Process:

- o Letter from Mr. Panetta on principles
- o Disability Advocates meeting last Friday; conference calls coming up
- o Vice-President and Mrs. Gore conference call with disabled children and their parents
- o Disability briefing document being prepared for the press

Veto - reconcile this week (MA, MC, SSI); WR (SSI) likely veto

Issues:

- o Medicaid, Medicare - Put out our 2546 plan, per capita cap
- o Children's SSI - Working with HS, Educ
- o Others?

ADD?

2. Updates on Other Issues

- o IDEA reauthorization
- o --Housing advocates meeting with Secretary Cisneros
- o ADA Amendment on Over the Road Buses
- o NCD's Summit progress - just out of grass
- o Status of Public Liaison disability outreach staff
- o Federal Communications Commission access project - Dis Issues TF - March
- o Learning Disabilities Work Group - Rinda ILD
- o DPC Meeting on IDEA
- o Disability Policy Review
- o Carol Rasco travel: West Virginia families conference, California school to work conference

3. Discussion

* Gingrich - ADA gr

* IDEA as bipartisan example? Ed W

GAO - just Title I - visits/events

cc Top Ten List

DOT - Liz Savage to FCC press list

gives email address

Telecomm Engineering

call DuBroy

Seelman - conf - Tecklenberg; getting late; key work

divider conquer

high UE pin on Title I: Andy; Lancaster also on adv gr.

too early - only 3 1/2 yrs

> 19 1/2 yrs; 14 yrs >

Simplex

NCD/PCED - diff path

Do also here

* Paul M: Fitz Higgins role of speakers - next 10m - Inadom?

* Regional offices aware of trips - Paris

* Seelman interp

Managed Care - Andy too w/ 1/3 or 1/5
* 3-4 roundtables informal w/ experts? (Mrs Gore NH)

BRVCC? NIOCR has grantee

HCFA - conf yet w/ Brookings-LTC
- mass, RI - dm client

* talk to Speed, Howard
Wisc, Oregon - 2 pilots
9/30 Denu RO

RWJ - mgd care + D
Seelman; Physical medicine Assoc.

SSC

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

11-Dec-1995 01:10pm

TO: Fortuna_D

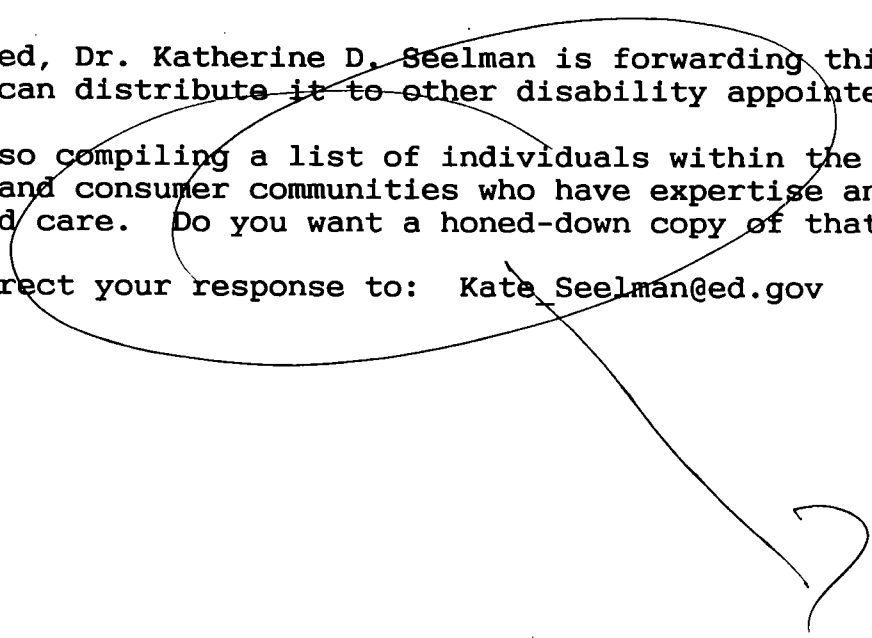
FROM: Brian Millin

SUBJECT: Captioning, FCC Notice of Inquiry

As promised, Dr. Katherine D. Seelman is forwarding this to you so that you can distribute ~~it to other~~ disability appointees.

We are also compiling a list of individuals within the disability research and consumer communities who have expertise and involvement in managed care. Do you want a honed-down copy of that list?

Please direct your response to: Kate.Seelman@ed.gov



*****
*** MULTI TRANSACTION REPORT ***

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7721

INCOMPLETE TX/RX

[*39] 94017733

[*42] 913122262030

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ERROR

CLINTON ADMINISTRATION APPOINTEES WITH DISABILITIES
January 26, 1996

* Cover bus section
EEOC

AGENDA

* Preexisting Conf.

I. Welcome and Introductions

Alexis Herman

II. Overview

Bill White - OPL

III. Policy Update

Diana Fortuna

Budget?
- Medicaid (rumors)
- process

IV. Scheduling and Advance Update

Paul Miller

Liz Savage

LACIR
Mashaw - Disab.
Myd care wk
NDPR?

V. Discussion

All

- o Outreach and communication to the community.
- o Involvement in the Administration events.
- o Communication and message development.

VI. Outreach Plan

All

John L:
Bigger than protect trust -
ADA, MA

* * HCB5 bill - 5th anniversary heard it.

Integrate, not such sep.

JH: Not just speechwriters; mental; ED

* Email Judy; harder to do msg

ADA applic to, if?
(Oregon)
→ how remove it
* to LS
* BOW-SSI?

DISABILITY OUTREACH - NATIONAL PLAN

A. OBJECTIVES

B. KEY PRIORITIES

C. STEERING COMMITTEES

- O NATIONAL CHAIRS

- O STATE

- O MEMBERS

D. SCHEDULING

- O SCHEDULE PRIORITIES FOR THE WHITE HOUSE
- O SURROGATE SPEAKER OPERATION

E. ISSUES

- O CRITICAL ISSUES TO THE CONSTITUENCY

- O ADMINISTRATION'S RECORD OF ACCOMPLISHMENTS

- O ADMINISTRATION'S AGENDA FOR THE FUTURE

F. STATE SPECIFIC OUTREACH PLAN

1. STATE CHAIRS

- O MEMBERS

2. COMMUNICATION AND MEDIA PLAN

A. FREE MEDIA PLAN

- O KEY MEDIA OUTLETS, SPECIALTY PRESS,
KEY EDITORS AND REPORTERS.

B. PAID MEDIA

- O PRINT OUTLET

- O ELECTRONIC OUTLETS.

3. VOTER REGISTRATION

*Sci/Tech - Seelman
(Jack Gibbons, STB)*

January 10, 1996

MEMORANDUM

FROM: Lee Satterfield

TO: Debbie Fine

SUBJECT: Disability Outreach Priority Events List for 1996

*PCAPD
7/26
Paralympics
MCL*

The following is the complete list of Disability Outreach priority events received by our office as of COB January, 10th.

Disability Outreach:

Misc - parents

1/10	The ARC- CCD Annual Meeting, Rockville, MD
1/12-14	The Council for Exceptional Children Board of Governors Meeting, Washington, D.C.
1/20	National Parent Network on Disabilities' National Board Meeting, Alexandria, Virginia
1/21-24	Technical Assistance for Parent Programs (TAPP) Conference, Alexandria, Virginia
1/23	National Parent Network on Disabilities Congressional Reception, Washington, D.C.
2/1-3	National Council on Independent Living Board of Directors Meeting, Washington, D.C.
2/9	Meeting of the National Parents Consortium on Maternal and Child Health, Washington, D.C.
2/22-25	National Multiple Sclerosis Society's Issues and Empowerment Forum, Washington, D.C.
2/22-26	National Association of the Deaf State Association Presidents Conference, Washington, D.C.

3/1-2	The Council for Exceptional Children- Advocacy and Governmental Affairs Committee Meeting, Washington, D.C.
3/1-2	The Council For Exceptional Children, Virginia Federation- Annual Conference, Fairfax, Virginia
3/6-9	Learning Disabilities Assoc. of America, Annual International Conference, Dallas, TX
3/17-19	The Arc- Governmental Affairs Seminar, Washington, D.C.
4/20	The Council for Exceptional Children, Maryland Conference- Annual Conference, Annapolis, Maryland
4/28-5/1	NISH 1996 Training Conference, Miami, FL
5/2-7	National Council on Independent Living Annual Meeting and Conference, Washington, D.C. 
5/16	1996 Access To the World Benefit, Chicago, IL
5/28-6/1	120th Annual Meeting of the American Association on Mental Retardation, San Antonio, TX
6/21-24	Self Help for Hard of Hearing People, Annual Convention, Orlando, FL
6/29-7/5	Annual Meeting of the National Federation of the Blind, Anaheim, CA
7/1-7	43rd Biennial National Association of the Deaf National Convention, Portland, OR
7/?	The Council for Exceptional Children- annual

5122-PC6PD

7/26

Children and Youth Action Network Meeting,
Washington, D.C.

9/28-30

National Parent Network on Disabilities'
Annual Meeting, Washington, D.C.

11/14-16

The ARC's National Convention, Louisville,
KY



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Administration on Aging

Washington, D.C. 20201

FACSIMILE COVER SHEET

*Office of the Deputy Assistant Secretary for Aging
330 Independence Avenue, S.W.
Room 4760 Cohen Bldg.
Fax # (202) 619-7586*

DATE: 2/27/96**PLEASE DELIVER TO THE FOLLOWING PERSON:**NAME: Diana Fortuna

ORGANIZATION: _____

FAX NO.: 202 456-7431TELEPHONE NO.: 202-456 5570**NOTE:**

We are transmitting 16 page(s) including this cover sheet. Please call us asap if you do not receive all pages.

NAME OF SENDER: Bill Benson
TELEPHONE NO.: (202) 619-0556

EMERGING TRENDS IN MANAGED CARE

Opportunities for the Aging Network

Conference Program

Managed care is playing a major role in health care for older adults. Already 2.6 million Medicare beneficiaries belong to HMOs. Some states are enrolling older people on Medicaid into managed care programs. Meanwhile, policy-makers at all levels are looking to managed care systems as a way to control costs and improve the quality of health care. Managed care can be seen as an opportunity to provide high-quality health care to seniors, but it also raises a variety of challenges and concerns. The entire aging network is affected by the managed care revolution, but the aging network also can potentially have a positive effect in guiding the implementation of these new delivery systems.

This conference aims to:

- Provide the basic ground work for understanding managed care for the elderly and its relationship to Medicare and Medicaid;
- Examine ways to assure consumer protection and offer advocacy to seniors in managed care;
- Examine the effects of managed care on home and community-based services;
- Examine roles for the aging network as provider of services and case management in managed care systems; and
- Provide a forum for discussion of managed care and the aging network.

February 28 to March 1, 1996

Sponsored by
Administration on Aging
United States Department of
Health and Human Services

With assistance from
The University of Minnesota
National Long-Term Care
Resource Center

A partnership of the Institute for
Health Services Research,
School of Public Health,
University of Minnesota
and
National Academy for
State Health Policy
Portland, Maine

Hyatt Regency Washington
On Capitol Hill
Washington, DC

CONFERENCE PLANNERS

The planning for this conference was a collaborative effort of the University of Minnesota National Long-Term Care Resource Center's two partners, the Institute for Health Services Research, School of Public Health at the University of Minnesota, and the National Academy for State Health Policy in Portland, Maine, and the Administration on Aging. Over the past five months, individuals from all three of these organizations have devoted considerable time and effort to the planning involved for this conference. As such, the Assistant Secretary for Aging and the Administration on Aging would like to recognize the following individuals for their contributions to the planning of this conference.

At the University of Minnesota National Long-Term Care Resource Center: Mary Olsen Baker, Rosalie Kane, and Louise Starr (all at the Institute for Health Services Research, Minneapolis, Minnesota); and Trish Riley, Robert Mollica, and Kimberly Irvin Snow (all at the National Academy of State Health Policy, Portland, Maine).

At the Administration on Aging: Irma Tetzloff, William Benson, and Vicki Shepard.

ACKNOWLEDGMENTS

Conference planners would like to acknowledge some of the organizations and individuals who provided valuable information and feedback during the planning process: The Office of Managed Care at the Health Care Financing Administration (Spencer Schron, Michael Thibodeau, Pat Wright-Gaines, and others); the Office of Disability, Aging & Long-Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation (Robyn Stone, Ruth Katz, and Andreas Frank); the National Association of State Units on Aging (Dan Quirk and Diane Justice); and the National Association of State Units on Aging (Janice Jackson Fiegener).

For their assistance in providing materials, help with planning, and participation as conference session moderators, conference planners would like to recognize the following AoA-funded organizations: the Eldercare Locator; the National Academy on Aging; the National Aging Information Center; the National Institute on Consumer-Directed Home and Community-Based Long-Term Care (LTC); the National LTC Mentoring Program; the National LTC Ombudsman Resource Center; the National Resource and Policy Center on Housing and LTC; the National Policy and Resource Center on Nutrition and Aging; the National Policy and Resource Center on Women and Aging; the National Resource and Policy Center on Rural LTC; the National Resource Center: Diversity and LTC; the National Resource Center on Elder Abuse; the National Resource Center on LTC, NASUA; the National Resource Center on Native American Aging; and the Native Elder Health Care Resource Center.

A special note of appreciation to Dian Weddle and her staff at the National Policy and Resource Center on Nutrition and Aging for assistance with the arrangements and financial support of the concurrent session on nutrition and managed care. Another special note of appreciation to Donna Yee and the National Resource Center: Diversity and LTC for assistance with planning the concurrent session on getting the consumer perspective, and the special forum on managed care and cultural diversity.

A thanks to all the individuals at the University of Minnesota National LTC Resource Center who helped to prepare the conference materials, including the Handbook, as well as handle and process conference registrations: Louise Starr, Rosalie Kane, Robert Kane, Colleen O'Connor, Howard Degenholtz, Christy Prestegard, Jennifer Koehn, and Mary Olsen Baker (all at the Institute for Health Services Research, School of Public Health, University of Minnesota); Robert Mollica, Trish Riley, Neva Kaye, Paul Saucier, and Kimberly Irvin Snow (all at National Academy for State Health Policy, Portland, ME); and from the National LTC Mentoring program, Wendy Nielsen. Finally, conference planners are grateful to all the national organizations, state and local programs, and care providers who generously shared information and materials for use in the conference materials.

AGENDA AT A GLANCE

Wednesday, February 28, 1996

		Session Location
4:30 pm	REGISTRATION (Conference materials available for pick up.)	Outside Ticonderoga (Ballroom Level)
4:30	RESOURCE DISPLAY	Columbia C (Ballroom Level)
7:00	MEDICARE, MEDICAID & THE OLDER AMERICANS ACT: POLICY UPDATE	Columbia Ballroom (Ballroom Level)
8:30	RECEPTION (To immediately follow Opening Session)	Congressional A (Lobby Level)

Thursday, February 29, 1996

8:00 am	REGISTRATION DESK OPEN	Outside Ticonderoga (Ballroom Level)
8:00	RESOURCE DISPLAY	Regency Foyer (Ballroom Level)
8:30	AGING NETWORK & MANAGED CARE: CURRENT CONTEXT & CHALLENGE	Regency A (Ballroom Level)
9:00	BASICS OF MANAGED CARE FOR OLDER PEOPLE	Regency A (Ballroom Level)
9:45	Break	
10:00	MULTIPLE PERSPECTIVES ON MANAGED CARE UNDER MEDICARE	Regency A (Ballroom Level)
11:50 pm	Pick up Box Lunches	Regency Foyer & Columbia Foyer (Ballroom Level)
12:15	BOX LUNCH & FORUM ON MANAGED CARE	Regency A (Ballroom Level)
1:15	Break	
1:30	STATE POLICY INITIATIVES: EMPHASIS ON THE DUALY ELIGIBLE	Regency A (Ballroom Level)
3:00	Break	
3:30	PROTECTION & QUALITY ISSUES: CONSUMER CONCERNS	Regency A (Ballroom Level)
5:30	ADJOURN	

Thursday, February 29, 1996: Evening Special Forums

(Participants can choose to attend one of the following sessions. Each Session begins at 7:30 pm and adjourns at 9:30 pm.)

7:30 pm	STATE PLANNING FOR MANAGED CARE & THE ELDERLY: WHAT'S COOKIN'?	Concord/Lexington/Bunker Hill (Ballroom Level)
7:30	LTC PROVIDERS' PERSPECTIVES ON MANAGED CARE & THE ELDERLY: GETTING READY	Columbia B (Ballroom Level)
7:30	MANAGED CARE AND CULTURAL DIVERSITY: STARTING THE DISCUSSION	Columbia A (Ballroom Level)

Friday, March 1, 1996

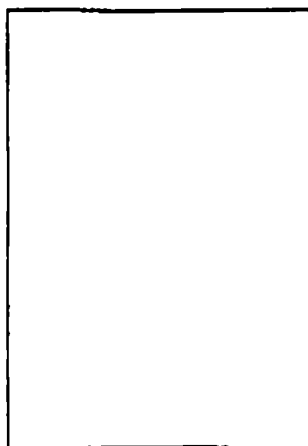
7:30 am	REGISTRATION DESK OPEN	Outside Ticonderoga (Ballroom Level)
7:30	RESOURCE DISPLAY	Regency Foyer (Ballroom Level)
7:30	CONTINENTAL BREAKFAST & ROUND-TABLE DISCUSSIONS	Regency A (Ballroom Level)
8:45	SERIES A CONCURRENT SESSIONS	SEE SESSION DESCRIPTION (Ballroom Level)
10:15	Break	
10:30	SERIES B CONCURRENT SESSIONS	SEE SESSION DESCRIPTION (Ballroom Level)
12:00 pm	Break	
12:15	LUNCHEON ADDRESS	
	MANAGED CARE & THE FUTURE OF HEALTH CARE	Regency A (Ballroom Level)
1:30	WHERE DOES THE AGING NETWORK GO FROM HERE?	Regency A (Ballroom Level)
2:45	OPPORTUNITIES: A MESSAGE FROM THE SECRETARY	Regency A (Ballroom Level)
3:30	CONFERENCE ADJOURNS	

WEDNESDAY OPENING GENERAL SESSION

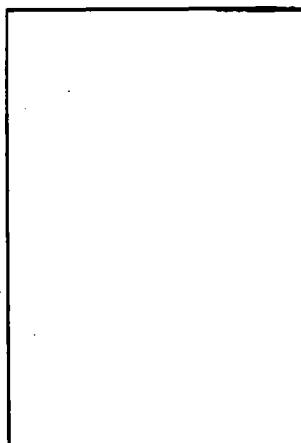
7:00-8:30 P.M., COLUMBIA BALLROOM (BALLROOM LEVEL)

MEDICARE, MEDICAID, & THE OLDER AMERICANS ACT: POLICY UPDATE

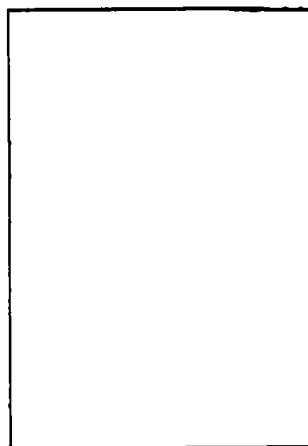
In this Opening Session moderated by **Robert Blancato**, **Fernando M. Torres-Gil** and **Chris Jennings** will provide an up-to-the minute accounting of current policy directions in the Older Americans Act, Medicare and Medicaid.



Robert Blancato, Executive Director of the 1995 White House Conference on Aging, was appointed to this position by President Clinton. Prior to this appointment, he served as the President of the National Meals on Wheels Foundation, and as the first Vice President of the National Committee for Prevention of Elder Abuse.



Fernando M. Torres-Gil is the first Assistant Secretary for Aging in U.S. Dept. of Health & Human Services (HHS). In this position, he advises the Secretary of HHS on matters related to an aging society and as the federal government's leading advocate for the elderly. He is also a strong supporter of programs that target caregivers and encourage young and old to work together, and recognize the importance of meeting special needs of older women, rural residents, minorities, and persons with disabilities.



Chris Jennings, Special Assistant to the President for Health Policy Development, works under the direction of Chief Domestic Policy Advisor, Carol Rasco, and National Economic Council Chair, Laura Tyson. Mr. Jennings has responsibility for overseeing health care policy development, evaluating legislative proposals, and coordinating the efforts of all Administrative Departments involved in health care policy, including the Office of Management and Budget, the Council of Economic Advisors, the Department of Health and Human Services, the Treasury Department, the Labor Department, and others. Prior to his White House appointment, Mr. Jennings was the Senior Legislative Health Reform Advisor to the Health Care Financing Administration.

RECEPTION

8:30-10:30 P.M., CONGRESSIONAL A (Lobby Level)

The conference sponsor, the Administration on Aging, cordially invites you to attend the reception immediately following the conclusion of the Opening General Session.

THURSDAY PLENARY SESSIONS

REGENCY A (BALLROOM LEVEL)

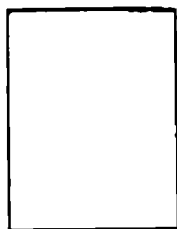
8:30-9:00 A.M.

AGING NETWORK & MANAGED CARE: CURRENT CONTEXT & CHALLENGE

Assistant Secretary, Fernando M. Torres-Gil, will outline the importance of managed care for the aging network, and highlight the issues to be considered in the conference.

9:00-9:45 A.M.

BASICS OF MANAGED CARE FOR OLDER PEOPLE



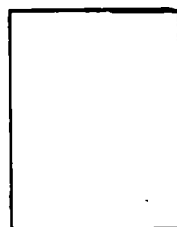
To get us started, Robert L. Kane will introduce the philosophy, history, and experience of managed care as it affects older people. Regional and plan variations will be discussed, as well as nuts and bolts of Medicare and Medicaid capitation.

Robert L. Kane, M.D., Minnesota Chair in Long-Term Care and Aging; and Professor, Institute for Health Services Research, School of Public Health, University of Minnesota

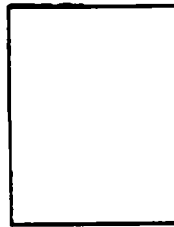
10:00 A.M.-11:50 P.M.

MULTIPLE PERSPECTIVES ON MANAGED CARE UNDER MEDICARE

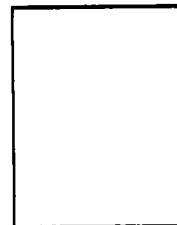
Bruce Merlin Fried will discuss HCFA directions; Richard W. Besdine will examine quality issues; Robyn Stone will speak to ways to integrate acute, post-acute, and LTC; and Sandy Harmon-Weiss will comment on provider perspectives pertaining to managed care and the elderly.



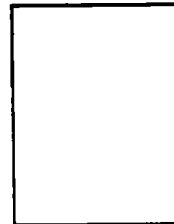
Bruce Merlin Fried, Director, Health Care Financing Administration, Office of Managed Care



Richard W. Besdine, M.D., Director, Travelers Center on Aging, Travelers Professor of Geriatrics & Gerontology, University of Connecticut Health Center's School of Medicine; & Special Medicaid Advisor, Office of Managed Care, Health Care Financing Administration



Robyn Stone, Deputy Assistant Secretary for Disability, Aging and Long-Term Care Policy, U.S. Department of Health and Human Services



Sandy Harmon-Weiss, M.D., Vice President and Medical Director, U.S. Healthcare

MODERATOR **Rosalie A. Kane**, Director, University of Minnesota National Long-Term Care Resource

12:15-1:15 P.M.

BOX LUNCH & FORUM ON MANAGED CARE

For this session, the Assistant Secretary for Aging, Fernando M. Torres-Gil, will join Robert L. Kane, Bruce Merlin Fried, Richard W. Besdine, Robyn Stone, and Sandy Harmon-Weiss, in responding to conference participants questions in an open-mike discussion over lunch.

Conference participants are asked to please use the microphones provided to ensure that all comments, questions and remarks are recorded.

THURSDAY PLENARY SESSIONS (Continued)**REGENCY A (BALLROOM LEVEL)****1:30-3:15 P.M.****STATE POLICY INITIATIVES: EMPHASIS ON THE DUALY ELIGIBLE**

State officials who are in the vanguard in enrolling elderly in Medicaid managed care will discuss the special provisions which must be made in enrollment, program design, financing, and quality assurance for elderly eligible for both Medicare and Medicaid. The interactive panel will also explore emerging models designed to coordinate or integrate traditional, managed acute care with the long-term care system and home and community-based waivers.

SPEAKER & MODERATOR Trish Riley, Executive Director, National Academy for State Health Policy

PANELISTS Doug Stone, Manager, Community Support & Coordination, Oregon Senior & Disabled Services Division
Kathleen Schuler, Director, Managed Care Initiatives for Special Populations, Minnesota XIX
Mabel Chen, M.D., Director, Arizona Health Care Cost Containment System
Charlie Liem, Director, Office of External Affairs, Florida Department of Elder Affairs

3:30-5:30 P.M.**PROTECTION & QUALITY ISSUES: CONSUMER CONCERNS**

This session will open with an overview of the critical quality and consumer rights issues facing consumers of managed care, especially in Medicare and Medicaid. Following this address, a panel of advocacy experts will further discuss the issues outlined in the opening, and also describe key consumer protection, complaint and appeals mechanisms and strategies.

MODERATOR Brian Lindberg, Executive Director, of Coalition for Consumer Protection and Quality

SPEAKER Stan Dorn, Director, Health Division, Children's Defense Fund

PANELISTS Sally Hart Wilson, Consulting Counsel, Center for Medicare Advocacy
Bonnie Burns, Senior Health Insurance Specialist, California HICAP
Stew Grabel, Ombudsman, Pima Council on Aging
William Benson, Deputy Assistant Secretary for Aging, Administration on Aging

AUDIO TAPING & CONFERENCE CASSETTES

Each plenary session, special forum, and concurrent session is being recorded in order to make the content presented at this conference broadly available to aging network organizations and other interested groups. Please help us make these tapes the best quality possible by stating each of your questions or comments into one of the provided microphones, or asking session moderators and panelists to repeat individual questions. Thank you.

Tapes of each session can be purchased for \$8.00 each. The tapes will be available for purchase throughout the conference. Order forms are available at the registration area.

THURSDAY EVENING SPECIAL FORUMS

7:30-9:30 P.M.

Dealing with cutting-edge topics related to managed care. Come prepared to participate.

CONCORD/LEXINGTON/BUNKER HILL (BALLROOM LEVEL)

STATE PLANNING FOR MANAGED CARE & THE ELDERLY: WHAT'S COOKIN'?

This session highlights some of the most current state plans for managed care for the elderly and disabled. Six states, New Jersey, Maryland, Oregon, Wisconsin, Massachusetts, and Florida, currently planning managed care programs will be represented. Participants represent a variety of agency affiliations and governmental levels. After brief presentations from each panelist, an open dialogue will take place on various issues (i.e., political, logistical, philosophical, financial) encountered during their respective planning processes.

MODERATOR Diane Justice, Director, National Resource Center on Long-Term Care, NASUA

PANELISTS Karen Squarrell, Deputy Director, Division of Medical Assistance & Health Services NJ Dept. of Human Services
Ilene Rosenthal, Chief of Housing Services, Maryland Office on Aging
Bill Wagner, Executive Director, Oregon Cascades West Area Agency on Aging
Sharon Ryan, Project Analyst, Wisconsin Partnership Program
Franklin P. Ollivierre, Secretary, Executive Office of Elder Affairs, Massachusetts
Elizabeth Cahn Goodman, Staff Director, Commission on Long-Term Care, Florida

COLUMBIA B (BALLROOM LEVEL)

LTC PROVIDERS' PERSPECTIVES ON MANAGED CARE & THE ELDERLY: GETTING READY

Spokespersons for home health, nursing homes, assisted living programs, and case management will describe initiatives and reactions in their sector of the provider community. Topics include: vertical, horizontal; and even "diagonal" integration; consortium efforts (the special challenges of small and large organizations); and thoughts about how the more socially-oriented care systems can be incorporated into integrated managed care efforts. An Area Agency on Aging Director will comment on how managed care is affecting service provision in his region.

MODERATOR Rosalie A. Kane, Director, University of Minnesota National LTC Resource Center

PANELISTS Carol Raphael, Chief Executive Officer, Visiting Nurse Service of New York
Mike Rodgers, Senior Vice President, American Association of Homes & Services for the Aged
Keren Brown Wilson, President, Assisted Living Concepts, Inc.
Joan Quinn, President, Connecticut Community Care, Inc.
Dean LaFrentz, Executive Director, Mid-Florida Area Agency on Aging

COLUMBIA A (BALLROOM LEVEL)

MANAGED CARE AND CULTURAL DIVERSITY: STARTING THE DISCUSSION

This session is an opportunity for the aging network and minority group representatives to discuss managed care issues affecting minority and diverse populations, and to strategize about follow-up efforts to ensure minority concerns are considered in the discussions and planning for managed care.

MODERATOR Donna Yee, Co-Principal Investigator, National Resource Center: Diversity & Long-Term Care, Brandeis University

PANELISTS Dave Baldrige, Executive Director, National Indian Council on Aging
Marta Sotomayor, Executive Director, National Hispanic Council on Aging
Ruth T. Perot, Summit Health Coalition
Jennie Chin Hansen, Executive Director, On Lok

FRIDAY ROUND-TABLE DISCUSSIONS

7:30-8:30 A.M., REGENCY A (BALLROOM LEVEL)

Pick up a continental breakfast and join the round-table of your choice. Meet others with similar concerns and brainstorm on specific topics. One or more facilitators will help guide the discussion.

1. ALZHEIMER'S DISEASE & MANAGED CARE

Discuss managed care's track record for serving people with Alzheimer's disease, and gain insights from demonstration programs.

Katie Maslow, Alzheimer's Association

Carol Sherman, Health Resources and Services Administration (HRSA)

2. RURAL ISSUES & MANAGED CARE

Are managed care risk contracts viable in rural areas? What policy directions should advocates or providers explore in rural areas?

Linda Redford, National Resource & Policy Center on Rural LTC

3. HOUSING & ASSISTED LIVING

Can innovative housing programs, such as assisted living, flourish in managed care environments? What strategies are needed to protect these services and channel them in desired directions?

Jon Pynoos, National Resource & Policy Center on Housing & LTC

Keren Brown Wilson, Assisted Living Concepts, Inc.

4. CASH & VOUCHERS IN MANAGED CARE

Can cash or vouchers be used to promote user-friendly, efficient long-term care services? Are such efforts compatible with managed care?

Kathleen Cameron, National Council on Aging

Kevin Mahoney, Cash & Counseling Program, Univ. of Maryland Center on Aging

5. MANAGED CARE IN INDIAN COUNTRY

How is managed care affecting health care and long-term care among Native Americans? Indian Health Service resources and information.

Stephen Heath, Indian Health Service

Dave Baldrige, National Indian Council on Aging

6. REPORT CARDS: DOES THE CONCEPT GET AN A+?

What is the status of report cards for managed care organizations? Can they be developed to be sensitive to the needs of older people?

Phyllis Torda, National Committee for Quality Assurance

7. OMBUDSMAN ROLES

Does the LTC ombudsman program need to be reconfigured to include residential settings? Does it need expansion into acute care settings?

Stew Grabel, Pima Council on Aging

Hollis Turnham, Michigan State LTC Ombudsman

8. SETTING THE ETHICS AGENDA IN MANAGED CARE

Ethicists are beginning to ponder a wide range of ethical issues related to managed care? Come and hear about them, and raise your own.

Rosalie A. Kane, Univ. of Minnesota National LTC Resource Center

9. NATIONAL CHRONIC CARE CONSORTIUM

Discuss strategies for integrating acute and long-term care in a session facilitated by a member of a consortium dedicated to that purpose.

Nancy Whitelaw, Ctr for Health System Studies, Henry Ford Health System

10. COMMON QUESTIONS ABOUT MANAGED CARE

What will aging network providers and consumers unfamiliar with managed care want to know? What do you need to know to be a good advocate?

Neva Kaye, National Academy for State Health Policy

Paul Saucier, National Academy for State Health Policy

11. MANAGED CARE IN FLORIDA

Can managed care help Florida better serve its enormous population of seniors and persons with disabilities?

Charlie Lien, Office of External Affairs, Florida Dept. of Elderly Affairs

Bruce Greenstein, Florida Dept. of Elderly Affairs

12. HARBINGERS OF THE FUTURE: THE CALIFORNIA EXPERIENCE

A look into the happenings in the state with the highest penetration of HMOs for seniors. From an advocacy perspective, what does this glimpse into the future suggest?

Bonnie Burns, California HICAP

Lu Melberg, Riverside County Area Agency on Aging

13. HCFA: INFORMATION & RESOURCES

Come ask questions and pick up information from the Office of Managed Care of the Health Care Financing Administration (HCFA).

Spencer Schron, Office of Managed Care, HCFA

Michael Thibodeau, Office of Managed Care, HCFA

Pat Wright Gaines, Office of Managed Care, HCFA

14. HOME HEALTH AGENCIES

Share and discuss concerns about the future of home health care and home care agencies in general under managed care.

James P. Murray, National Association of Home Care

15. ASPE INITIATIVES IN MANAGED CARE

The Office of Disability, Aging, and Long-Term Care in the Office of the Assistant Secretary for Planning and Evaluation, has a series of managed care initiatives under way, including an inventory of innovative practices in integration of acute and long-term care.

Come and hear about it.

Andreas Frank, Office of Disability, Aging, and Long-Term Care, ASPE

16. NURSING HOMES & MANAGED CARE

How will managed care affect nursing homes? Learn how the issues were seen by participants at a summit on managed care convened by the American Association of Homes and Services for the Elderly.

Dina Elani, American Association of Homes and Services for the Elderly

FRIDAY CONCURRENT SESSIONS: SERIES A

8:45-10:15 A.M.

Attend the Concurrent Session that best meets your needs and interests.

A1. ABC'S OF MANAGED CARE:

ANYTHING YOU WANT TO ASK

LOCATION Columbia C (Ballroom Level)

Designed for neophytes in managed care, this session is a chance to ask any question you want answered about managed care. Bring along your Managed Care Handbook, and your questions, as this information presented at this session will be driven by what you want to know.

Neva Kaye, National Academy for State Health Policy

Paul Saucier, National Academy for State Health Policy

A2. FLESHING OUT THE ADVOCACY AGENDA

LOCATION Valley Forge (Ballroom Level)

A legal services provider, Medicare advocate, and LTC ombudsman will describe activities for advocacy in managed care. Specifically, implications for new and traditional ombudsman activities will be included.

Nancy Coleman, Commission on Legal Problems of the Elderly, ABA

Geri Dallek, Families U.S.A. Foundation

Hollis Turnham, Michigan State LTC Ombudsman

A3. CONTRACTING WITH MANAGED CARE

LOCATION Yorktown (Ballroom Level)

What do managed care organizations seek in contracts with community LTC programs? What should potential contractors consider? These questions and others will be discussed by representatives from a managed care plan, an Area Agency on Aging, and senior services agency active in managed care.

Robert Mollica, National Academy for State Health Policy

Nancy Whitelaw, Ctr for Hlth System Studies, Henry Ford Hlth System

Molly Zelle, Fallon Health Care System

Joan Butler-West, Minuteman Home Care

A4. CASE MANAGEMENT:

INSIDE & OUTSIDE MANAGED CARE

LOCATION Ticonderoga (Ballroom Level)

Coordination and care management for high risk populations is a hallmark of managed care, and also is built into home and community-based long-term care programs. Presenters will explore these two worlds and consider how they might complement each other. Perspectives include a statewide free-standing case management program, a managed care organization doing a capitated Medicaid LTC program, and an acute-care system.

Rosalie A. Kane, University of Minnesota National LTC Resource Center

Mary Guthrie, Independence Plan, PacificCare of Florida

Joan Quinn, President, Connecticut Community Care, Inc.

Teresa J. Brady, Chronic Disease Services, Fairview Health System

A5. HELPING SENIORS CHOOSE MANAGED CARE PLANS

LOCATION Bunker Hill (Ballroom Level)

In this session, presenters will describe the risks and benefits of managed care plans that counselors should be aware of as they advise seniors; resources available to counselors and seniors to help them learn more about the managed care plans available in their area; and methods to obtain answers about the risks and benefits of specific managed care plans.

Edmund Worthy, United Seniors Health Cooperative

Diane Archer, Medicare Beneficiaries Defense Fund

Michael Thibodeau, Office of Managed Care, HCFA

Sarah Gotbaum, Managed Care Project, United Seniors Hlth Cooperative

A6. QUALITY ASSURANCE:

EXPECTATIONS & EXPERIENCES

LOCATION Lexington (Ballroom Level)

Representatives of the National Committee on Quality Assurance and American Medicare Peer Review will outline current quality assurance expectations for managed care organizations, as well as describe a few specific examples.

Trish Riley, National Academy for State Health Policy

Phyllis Torda, National Commission for Quality Assurance

Andy Webber, American Medicare Peer Review

A7. MN LTC OPTIONS PROGRAM

& THE AGING NETWORK

LOCATION Concord (Ballroom Level)

Minnesota was the first state to develop a waiver to combine Medicare and Medicaid funding for the dually eligible. A state Medicaid official will describe Minnesota plans, a presenter from the Minnesota Board on Aging will describe how the MN LTC Options Program affects Home and Community-Based Services, and a representative from an Area Agency on Aging will address how the aging network is responding.

Louise Starr, University of Minnesota National LTC Resource Center

Kathleen Schuler, Managed Care Initiatives for Special Populations

Jean Wood, Minnesota Board on Aging

Dawn Simonson, Arrowhead Area Agency on Aging, Duluth, Minnesota

FRIDAY CONCURRENT SESSIONS: SERIES B

10:30 A.M.-12:00 P.M.

Attend the Concurrent Session that best meets your needs and interests.

B1. ABC'S OF MANAGED CARE:

ANYTHING YOU WANT TO ASK

(Repeat Session)

LOCATION Columbia C (Ballroom Level)

Designed for neophytes in managed care, this session is a change to ask any question you want answered about managed care. Bring along your Managed Care Handbook, and your questions, as this information presented at this session will be driven by what you want to know.

Neva Kaye, National Academy for State Health Policy

Paul Saucier, National Academy for State Health Policy

B2. GETTING YOUR FOOT IN THE DOOR:

ROLES FOR AAAs IN MANAGED CARE

LOCATION Yorktown (Ballroom Level)

Many roles and options are evolving for Area Agencies on Aging (AAA) in the emerging world of managed care. Counseling enrollment, focused assessments, case management and community care, joint ventures with health providers, coordination with managed care organizations, and Older Americans Act and home and community-based services programs are among the strategies being developed and implemented that will be presented by AAA Directors from three states.

Bob Mollica, National Academy for State Health Policy

Jim McConnell, Multnomah County Dept. on Aging, Oregon

Andrea Skolkin, Metropolitan AAA, Minnesota

Vince Lique, Greater Lynn Senior Services, Massachusetts

B3. GETTING THE CONSUMER PERSPECTIVE

LOCATION Valley Forge (Ballroom Level)

Efforts to get consumer feedback on managed care is an important part of planning and developing programs. In this session, issues which consumers articulate as important will be outlined, and examples of how to incorporate consumers and their issues into the planning process will be given.

Donna Yee, Natl Resource Center: Diversity & LTC, Brandeis University

Debi Tucker, Citizen's Advocacy Center

Toby Kaplowitz, Public Interest Center on Long-Term Care

B4. PACE & SHMO:

THE FEDERAL DEMONSTRATION PRESENCE

LOCATION Ticonderoga (Ballroom Level)

The On Lok replications (PACE) and the Social HMOs are high profile demonstrations, each illustrating an approach to managing the care of seniors and integrating acute care and long-term care. Operators of PACE, S/HMO, and 2nd generation S/HMOs will present an overview of their respective demonstration project.

Robert Kane, Institute for Health Services Research, Univ. of Minnesota

Walter Lertz, Brandeis Institute for Health Policy

John Shen, Mount Sinai Hospital

B5. NUTRITION:

GETTING IT ON THE MANAGED CARE MENU

This session has been made possible by the support and assistance of the National Policy & Resource Center on Nutrition & Aging

LOCATION Concord (Ballroom Level)

Nutrition screening and risk based nutrition services are important components of health care and should be part of managed care systems. This session describes actual and potential models whereby managed care organizations have contracted for a nutrition component.

Dian Weddle, National Policy & Resource Center on Nutrition & Aging

Judy Powers, United Home Care Services, Inc.

Olga Thornton, Keystone Health Plan East

Barbara Harris, National Association of Meals Programs

Connie Davis, Hlth Enhancement Proj., Natl Assoc. of Nutrition & Aging Svcs Prgs

B6. THE ARIZONA EXPERIENCE:

AHCCCS, ALTCS, AND THE AGING NETWORK

LOCATION Bunker Hill/Lexington (Ballroom Level)

Arizona has developed a unique capitated program for acute care under Medicaid, the Arizona Health Care Cost Containment System (AHCCCS) and its long-term care component, the Arizona LTC System (ALTCS). The program will be described from the state perspective and the Maricopa County AAA (the largest in the state) will describe its role vis-a-vis the programs.

Kimberly Irvin Snow, National Academy for State Health Policy

Mabel Chen, Arizona Health Care Cost Containment System

Mary Lynn Kasunic, Maricopa County AAA

FRIDAY LUNCHEON ADDRESS

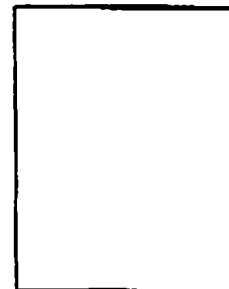
REGENCY A (BALLROOM LEVEL)

12:15-1:30 P.M.

MANAGED CARE & THE FUTURE OF HEALTH CARE

Although the future of health care is unknown, managed care is bound to be a part of it. Taking this into consideration, Bruce C. Vladeck, the Administrator of the Health Care Financing Administration, will discuss his perceptions of future challenges, as well as reflect on the implications for home and community-based long-term care programs. This session will be moderated by the Assistant Secretary for Aging, Fernando M. Torres-Gil.

Bruce C. Vladeck is the Administrator of the Health Care Financing Administration (HCFA). In that capacity, he directs the Medicare and Medicaid programs and serves as a key health policy advisor to the Secretary of the U.S. Department of Health and Human Services and other top administration officials. He has had a special emphasis on putting a human face on health care policy, and is a nationally recognized expert in health policy and financing, as well as a champion of affordable, accessible, high-quality health care.



FRIDAY AFTERNOON PLENARY

1:30-2:45 P.M., REGENCY A (BALLROOM LEVEL)

WHERE DOES THE AGING NETWORK GO FROM HERE?

For this session, Aging Network representatives have been asked to make a brief statement that addresses where they, their constituency, see the aging network going in terms of managed care. Following the presentation of statements, the panel will respond to conference participants questions about the topic at hand.

MODERATOR Edwin Walker, Director, Office of Program Operations and Development, Administration on Aging

PANELISTS Alan Ackman, President SAYANNT, Inc; and Director, Training and Technical Assistance, National Aging Info. Center
Connie Benton Wolfe, Executive Director, National Association Nutrition & Aging Services Programs
Barbara Harris, President-Elect, National Association Meals Programs
Richard Browdie, National Association of State Units on Aging
Cindy Farson, President, National Association of Area Agencies on Aging

FRIDAY CLOSING SESSION

2:45-3:30 P.M., REGENCY A (BALLROOM LEVEL)

OPPORTUNITIES: A MESSAGE FROM THE SECRETARY

The Secretary of the U.S. Department of Health and Human Services, Donna Shalala, will close this conference by outlining the many opportunities for the aging network as this trend of managed care continues to emerge.

Donna Shalala is the Secretary of the U.S. Department of Health and Human Services. She was previously President of the University of Wisconsin, and before that was President of Hunter College in New York City. She is widely recognized for her work on behalf of health, welfare, and education programs for Americans of all ages.



RESOURCE DISPLAY PARTICIPANTS

The following organizations has a display as part of our showcase of long-term care resources available from Administration on Aging-sponsored projects. These organizations, and the resources they produce, are a direct result of funding provided through Title IV of the Older Americans Act.

Eldercare Locator

112 16th Street, N.W., Suite 100
Washington, DC 20036
PHONE (202) 296-8130 FAX (202) 296-8134
Contact: Janice Jackson Fiegenger, Executive Director

National Academy on Aging

1275 K Street NW, Suite 350
Washington, DC 20005
PHONE (202) 408-3375 FAX (202) 842-1150
Contact: Robert Friedland, Director

National Aging Information Center

500 E Street, SW, Suite 910
Washington, DC 20024
PHONE (202) 554-9800 FAX (202) 554-0695
Contact: Reba Novich, Project Director

National Institute on Consumer-Directed Home and Community-Based Long Term Care

National Council on the Aging
409 Third Street S.W., Second Floor
Washington, DC 20024
PHONE (202) 479-6972 FAX (202) 479-0735
Contact: Pamela Nadash, Deputy Director

National Long Term Care Mentoring Program

Box 197 UMHC, 420 Delaware St. SE
Minneapolis, MN 55455
PHONE (612) 624-1185 FAX (612) 624-8448
Contact: Robert Kane, Director

National Long Term Care Ombudsman Resource Center

1424 16th St. NW Suite 202
Washington, DC 20036-2211
PHONE (202) 332-2275 FAX (202) 332-2949
Contact: Jacquelyn Koenig, Director

National Resource & Policy Center on Housing & LTC

Andrus Gerontology Center, USC
University Park, MC-0191
Los Angeles, CA 90089-0191
PHONE (213) 740-1364 FAX (213) 740-8241
Contact: Jon Pynoos, Director

National Policy & Resource Center on Nutrition & Aging

Florida International University, College of Health
Univ. Park, HB-201
Miami, FL 33199
PHONE (305) 348-1517 FAX (305) 348-1518
Contact: Nancy Wellman, Director

National Policy & Resource Center on Women & Aging

Brandeis University
415 South Street
Waltham, MA 02254-9110
PHONE (617) 736-3866 FAX (617) 736-3881
Contact: Phyllis Mutschler, Director

National Resource & Policy Center on Rural Long Term Care

University of Kansas Medical Center
3901 Rainbow Blvd.
Kansas City, KS 66167-7117
PHONE (913) 588-1636 FAX (913) 588-1201
Contact: Linda Redford, Director

National Resource Center: Diversity and Long Term Care

Brandeis, Institute for Health Policy, Heller School
415 South Street
Waltham, MA 02254-9110
PHONE (617) 736-3930 FAX (617) 736-3905
Contact: John Capitan, Director

National Resource Center on Elder Abuse

American Public Welfare Association
810 First St NE #500
Washington, DC 20002
PHONE (202) 682-0100 FAX (202) 289-6555
Contact: Toshio Tetara, Director

National Resource Center on Long Term Care,

National Association of State Units on Aging
1225 I Street NW, Suite 725
Washington, DC 20005
PHONE (202) 898-2578 FAX (202) 898-2583
Contact: Diane Justice, Deputy Director

National Resource Center on Native American Aging

University of North Dakota
P.O. Box 7090
Grand Forks, ND 58202-7090
PHONE (701) 777-4291 FAX (701) 777-4257
Contact: Alan Allery, Director

Native Elder Health Care Resource Center

University of Colorado at Denver
Nat'l Center for American & Alaskan Native Mental Hlth Research
4455 East 12 Ave., Room 308
Denver, CO 80220
PHONE (303) 372-3232 FAX (303) 372-3579
Contact: Spero Manson, Director

University of Minnesota National LTC Resource Center

Institute for Health Services Resources
School of Public Health
420 Delaware Street, S.E. Box 197
Minneapolis, MN 55455
PHONE (612) 624-5171 FAX (612) 624-5434
Contact: Rosalie A. Kane, Director
and

National Academy for State Health Policy

50 Monument Square, Suite 502
Portland, ME 04101
PHONE (207) 874-6524 FAX (207) 874-6527
Contact: Trish Riley, Co-Director

CONFERENCE FACULTY

Alan Ackman is President of SAVANNT, Inc., a non-profit research and consulting organization specializing in programs and services to the elderly. Currently, he serves as a Director of Training and Technical Assistance for the National Aging Information Center.

Diane Archer is the Executive Director for the Medicare Beneficiaries Defense Fund, a national not-for-profit organization that works to assure equitable access to quality health care for seniors and people with disabilities.

Dave Baldridge is the Executive Director of the National Indian Council on Aging.

William Benson was appointed Deputy Assistant Secretary for Aging with the U.S. Department of Health and Human Services in August of 1993. Prior to this appointment, he served as Chief of Health and Housing Policy for the Senate Special Committee on Aging, and as Staff Director of the Subcommittee on Housing and Consumer Interests of the U.S. House Select Committee on Aging.

Richard W. Besdine, M.D., is Director of the Travelers Center on Aging and Travelers Professor of Geriatrics and Gerontology at the University of Connecticut Health Center's School of Medicine. For the 1995-6 academic year, he is on sabbatical as a Special Medicaid Advisor at the Health Care Financing Administration, where he is working on multiple projects concerning quality standards for Medicare Managed Care.

Teresa J. Brady is the Director of the Chronic Disease Services for the Fairview Health System in Minneapolis. She has 20 years of experience in health care for individuals with chronic diseases in a variety of settings.

Richard Browdie, Secretary of the Pennsylvania Department of Aging, manages a nearly half-billion dollar network of services, assisting 2.5 million older Pennsylvanians and their families.

Bonnie Burns is a Consultant to the California HICAP Association, and a Consumer Representative to the National Association of Insurance Commissioners on consumer issues in health coverage for those under age 65, and senior issues for those over 65.

Joan Butler-West is the Executive Director of Minuteman Home Care, a home care corporation and Area Agency on Aging (AAA) in Burlington, Massachusetts. She also is the current President of MASS HOME CARE, a statewide association of 30 non-profit home care corporations and AAA.

Elizabeth Cahn Goodman is currently the staff director of the Commission on Long-Term Care in Florida.

Kathleen A. Cameron serves as Senior Project Manager on the "cash and counseling" at the National Council on Aging, Inc. Her responsibilities include researching and analyzing cash and counseling programs or similar consumer-directed approaches to providing long-term care to persons with disabilities in the U.S. and abroad.

Mabel Chen, M.D., has been the director of the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program since October of 1993. In this position, she directed the startup of the Arizona Long Term Care System (ALTCs) and the Prepaid Medical Management Information System (PMMIS).

Nancy Coleman is the Director of the Commission on Legal Problems of the Elderly at the American Bar Association. She also is a nationally recognized expert on legal aging issues.

Geraldine Dallek is the Director of Health Policy for Families U.S.A. Foundation, a Washington, D.C. based non-profit organization working to expand health care for all Americans.

Connie Davis represents the National Association of Nutrition and Aging Services Programs, and is a geriatric nurse practitioner working for the Health Enhancement Project in Bothell, WA, a partnership between the Northshore Senior Center and two managed care organizations in Seattle.

Stan Dorn is the Director of the Health Division at the Children's Defense Fund (CDF) in Washington, D.C. Prior to joining the CDF, he was managing attorney for the National Health Law Program, an arm of Legal Services that works nationally to increase low-income people's access to essential health care.

Dina Elani is Payment and Managed Care Specialist with the American Association of Homes and Services for the Aged (AAHSA).

Cindy Farson is President of the National Association of Area Agencies on Aging. Currently, Ms. Farson is the Executive Director of the Central Ohio Area Agency on Aging.

Andreas Frank is a Presidential Management Intern in the Office of Disability, Aging, and Long-term Care of the Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Bruce Merlin Fried through his position as Director of the Health Care Financing Administration's Office of Managed Care continues his work in encouraging the evolution of the nation's health care system. Mr. Fried comes to the Office of Managed Care with 20 years experience in Medicare and Medicaid and substantial background in managed care policy and operations.

Sarah Gotbaum is a health care consultant specializing in women's issues and quality issues of managed care. Currently, she is serving as the Director of the Managed Care Project at the United Seniors Health Cooperative in Washington, D.C.

Stew Grabel is the Ombudsman for the Elderly at the Pima Council on Aging in Tucson, Arizona.

Bruce Greenstein is with the Florida Department of Elder Affairs.

Mary Guthrie is the Director of the Independence Plan for PacificCare of Florida, a Medicaid-funded contract, providing comprehensive acute and LTC services to persons at risk of nursing home placement.

Sandy Harmon-Weiss, M.D., is Vice President and Medical Director for U.S. Healthcare, where she has corporate responsibility for governmental programs, such as Medicare, Medicaid, and the uninsured.

Jennle Chin Hansen is the Executive Director of On Lok, Inc. She also is the President-Elect for the American Society on Aging.

Barbara Harris is the President-Elect of the National Association of Meals Programs. Currently, Ms. Harris is the Director of Operations for Meals On Wheels of Tarrant County located in Fort Worth, Texas.

Stephen W. Heath is a Medical Consultant with the Office of Health Programs, Indian Health Service (IHS) Headquarters. He is a member of the IHS Managed Care Committee, which is responsible for advising IHS on how best to allocate resources to utilize managed care concepts.

Diane Justice is the Director of the AoA-funded National Resource Center on Long Term Care at the National Association of State Units on Aging. She had conducted extensive research and analysis of home and community-based care systems.

Robert L. Kane, M.D., a former Dean of the School of Public Health at University of Minnesota; currently holds an endowed chair in Long-Term Care and Aging; and directs the Clinical Outcomes Research Center, the Center on Aging, the Minnesota Area Geriatric Education Center, all at the University of Minnesota, and the AoA-funded National LTC Mentoring Program.

CONFERENCE FACULTY (Continued)

Rosalie A. Kane is the Director of the University of Minnesota National Long-Term Care (LTC) Resource Center, one of several AoA-funded National LTC Resource and Policy Centers on long-term care. She has written extensively on the topics of case management, long-term care, long-term care financing, ethics, home care, and quality assurance.

Toby Kaplowitz is the Deputy Director for Public Interest Center on Long-Term Care in Sacramento, California. Her current responsibilities include development and implementation of "Regional Advisory Groups" of consumers of long-term care, caregivers, advocates and service providers.

Mary Lynn Kasunic has been the Executive Director of the Area Agency on Aging Region One since 1990.

Neva Kaye is the Operations Manager for the Medicaid Managed Care Resource Center within the National Academy for State Health Policy. As Operations Manager, she provides technical assistance to states that are working to develop and expand their managed care programs.

Dean R. LaFrenz has been the Executive Director of the Mid-Florida Area Agency on Aging since 1985. Prior to relocating to Florida, he served as Deputy Director of the Illinois Department on Aging.

Walter Leutz is an Associate Research Professor at the Brandeis Institute for Health Policy. He is an expert in managed care, long-term care and health care financing.

Charlie Llem is the Director of the Office of External Affairs for the Florida Department of Elder Affairs.

Brian W. Lindberg is the Executive Director of the Coalition for Consumer Protection and Quality in Health Care Reform (Consumer Coalition), a diverse group of health care and consumer organizations representing over 30 million Americans. He also serves as a human services consultant on policy and legislative matters in the fields of aging, health care, long-term care, housing, and nutrition.

Vince Lique has been the Executive Director of Greater Lynn Senior Services, Inc., for 13 years. He is also presently Chairperson of the National Association of Area Agencies on Aging (NAAAA) Policy Committee, which is actively looking at the issue of managed care and its impacts on AAAs.

Kavin Mahoney is the Project Director for the Robert Wood Johnson Foundation Cash and Counseling Program. He is also a Professor with the University of Maryland Center on Aging.

Katie Maslow is project director for the Alzheimer's Association initiative on Alzheimer's and managed care. Before beginning this project in October 1995, she was a policy analyst and senior associate at the U.S. Office of Technology Assessment (OTA), a congressional research agency.

Jim McConnell is Director of Multnomah County Department on Aging, which is the Area Agency on Aging serving the metropolitan area of Portland, Oregon.

Robert Mollica is a deputy director of the National Academy for State Health Policy in Portland, Maine. He conducts health policy research and provides technical assistance for state health policy leaders on a range of issues that include long-term care, access, assisted living, the uninsured, financing, and systems reform.

James E. Murray, Deputy Counsel for the National Association for Home Care (NAHC) and its law department, the Center of Health Care Law, advises NAHC members on issues, such as Medicare and Medicaid coverage.

Franklin P. Ollivierre joined the Governor's Cabinet as Secretary of Elder Affairs in April of 1991. Under his direction, the agency is responsible for developing and managing comprehensive community-based programs which help ensure the dignity and independence of the Commonwealth of Massachusetts 1.1 million elders.

Ruth T. Perot directs the Summit Health Coalition, a national network organized to ensure that health care reform benefits communities of color.

Judy Powers is Vice President for Program Development with the Community Care for the Elderly lead agency for Dade County, United Home Care Services, Inc. Her responsibilities include oversight of the Nutrition Department, which provides Medical Nutritional Therapy for Homebound Community Residing Elders.

Joan Quinn is President of Connecticut Community Care, Inc., President of the National Case Management Partnership, and Secretary for Connecticut Long-Term Care Research, Inc. She is an expert in long-term care case management.

Jon Pynoos is the Director of the National Policy and Resource Center on Housing and Long-Term Care at the University of Southern California, Andrus Gerontology Center.

Carol Raphael is President and Chief Executive Officer of the Visiting Nurse Service of New York, the largest nonprofit home health care agency in the United States. She has initiated an array of innovative acute, long-term and managed care programs to improve quality and contain costs.

Linda Redford is the Director of the National Resource and Policy Center on Rural Long-Term Care, at the University of Kansas Medical Center, Center on Aging.

Trish Riley is Executive Director of the National Academy for State Health Policy, a non-profit forum of health policy leaders from the executive and legislative branches of state governments dedicated to excellence in policy and practice. She has published widely on Medicaid managed care and state health reform.

Michael F. Rodgers serves as the Senior Vice President for the American Association of Homes and Services for the Aging, a national trade association representing the interests of nonprofit providers of health, housing and community services for older persons. Specifically, he directs the overall policy and program development efforts and has primary responsibility for the Policy and Government Affairs Division.

Irene W. Rosenthal is the Chief of Housing Services for the Maryland Office on Aging. She is responsible for developing new and expanded housing options for the elderly in Maryland.

Sharon Ryan is a Policy Analyst with the Wisconsin Partnership Program, a collaborative demonstration project with the Robert Wood Johnson Foundation, the WI Department of Health and Social Services, the University of Wisconsin, community-based organizations, and the counties in which they are located.

Paul Saucier is a Project Director at the National Academy for State Health Policy. His work at the Academy has focused on managed care for older persons and persons with disabilities, with a special emphasis on dual eligibility for Medicaid and Medicare.

Spencer Schron currently is the Special Assistant to the Director of the Beneficiary Access and Education Team in the Office of Managed Care (OMC), Health Care Financing Administration (HCFA). He has worked in the HCFA OMC since 1987.

CONFERENCE FACULTY (Continued)

Kathleen Schuler is the Manager of Managed Care Initiatives for Special Populations at the Minnesota Department of Human Services. She is leading the state's efforts to develop and implement a comprehensive managed care program for persons with disabilities.

John K. Shea is the Geriatric Planning Director at Mount Sinai Medical Center, New York, responsible for planning and coordinating the infrastructure development of Medicare managed care initiative.

Carol Sherman is the Director of the Health Resources and Services Administration's Alzheimer's Demonstration Grant Program, a program which she developed in 1992. Since the program's inception, 15 state grantees have served over 3,000 families managing Alzheimer's Disease through 225 difference agencies.

Dawn Simonson is the Director of the Arrowhead Area Agency on Aging, Duluth, Minnesota.

Andrea Skolkin is Executive Director of the Metropolitan Area Agency on Aging, a public foundation whose purpose is to leverage funds to enable older people to live independently in the seven county Metropolitan Area.

Kimberly Irvin Snow is a policy analyst with the National Academy for State Health Policy, where she has worked on projects related to long-term care.

Marta Sotomayor is the Executive Director of the National Hispanic Council on Aging.

Karen L. Squarrell is Deputy Director of the Division of Medical Assistance and Health Services for the New Jersey Department of Human Services. She is responsible for all operations-related activities and oversees the Office of Beneficiary and Provider Services, the Office of Health Services Administration, and the Office of Elder and Disabled Affairs.

Louise Starr is a Project Specialist with the University of Minnesota National LTC Resource Center, one of several Administration on Aging Policy and Resource Centers on long-term care.

Doug Stone is Manager of the Community Support and Coordination Section for the Oregon Senior and Disabled Services Division. He is responsible for the development and interpretation of policy for programs serving older adults and persons with disabilities.

Robyn Stone is the Deputy Assistant Secretary for Disability, Aging and Long-Term Care Policy, U.S. Department of Health and Human Services (DHHS). Prior to joining DHHS, she was a senior Research Director at Project HOPE's Center for Health Affairs in Bethesda, Maryland. She has published widely on issues related to aging and disability, long-term care, and family care-giving.

Michael Thibodeau is a member of the Beneficiary Access and Education team of Health Care Financing Administration's (HCFA) Office of Managed Care. His main duties consist of developing products and strategies for advancing public information about managed care and HCFA's role in its managed care Medicare and Medicaid program.

Olga M. Thornton is Manager of the Medicare Case Management Program at Keystone Health Plan East in Philadelphia, Pennsylvania. A registered nurse with over 20 years of health care experience, she has worked in acute, outpatient, and long-term care settings.

Phyllis Torda is Assistant Vice President for State and Local Quality Projects at the National Committee for Quality Assurance (NCQA). She is responsible for NCQA's work with states on report cards and NCQA's initiatives to develop quality information on managed care that meets the needs of individual consumers.

Debi H. Tucker is the Secretary/Treasurer of the Citizen Advocacy Center (CAC), a training, research, and support network for public members of health care regulatory and governing boards.

Hollis Turnham is Michigan's Long Term Care Ombudsman. As a legal services attorney, she is active in consumer law and in fighting proposed increases in the rate seniors pay for Blue Cross and Blue Shield of Michigan Medigap coverage.

Bill Wagner is Executive Director of Oregon Cascades West Council of Governments, an Area Agency on Aging, which provides long-term care case management, transportation, economic planning, and community development in western Oregon counties.

Edwin Walker is the Director of the Office of Program Operations and Development with the Administration on Aging. In this role, he administers and develops policy for Title IV of the Older Americans Act.

Andrew H. Webber is Executive Vice President of the American Medical Peer Review Association (AMPRA), a national organization for physician-directed review organizations, the federally designated Peer Review Organizations, and professionals participating in quality assurance.

Dian Weddle is Associate Director of the National Resource and Policy Center on Nutrition and Aging. Her present focus is on elderly malnutrition, nutrition case management, nutrition services delivery, policy, and strategic placement of nutrition services in health systems.

Nancy Whitelaw is Associate Director of the Center for Health System Studies at the Henry Ford Health System in Detroit. Her research focuses on the integration of health care services for the elderly, measurement of health status in older populations, and the delivery of health care to underserved urban populations.

Keren Brown Wilson is a co-founder of Assisted Living Concepts, Inc. (ALC), and became the Chief Executive Officer and President, and Director of ALC upon its formation. She has 19 years of experience in aging service delivery, and has, for the past 11 years, focused primarily on assisted living.

Sally Hart Wilson is an attorney with Southern Arizona Legal Aid in Tucson, Arizona. She also currently serves as consulting counsel for the Center for Medicare Advocacy based in Willimantic, CT.

Pat Wright-Gaines is a Health Insurance Specialist with the Office of Managed Care, Health Care Financing Administration.

Jean Wood is the Aging Services Program Supervisor with the Minnesota Board on Aging.

Connie Benton Wolfe is the Executive Director for the National Association of Nutrition and Aging Services Programs (NANASP), a professional membership organization serving over 1,000 senior nutrition service providers in the United States.

Edmund H. Worthy, Jr. recently assumed the position of President and Chief Executive Officer of United Seniors Health Cooperative. He previously served as an Associate Director for the National Council on the Aging, Inc., where he created and led the organization's Division of Education and Life Enrichment.

Donna L. Yee is a Senior Research Associate with the Institute for Health Policy. She is currently a Co-Principal Investigator of the Administration on Aging-funded National Resource Center: Diversity and Long-Term Care.

Molly O. Zelle is System Director of Senior Health Services at Fallon Healthcare System. As System Director, she establishes and monitors System senior service strategies and opportunities and leads coordination of System-wide products for the senior population.



Washington, D.C. 20201

*** FAX TRANSMISSION ***

Date: 2-26

To: Diana Fortuna, Molly

Fax Number: 456 7028

FROM:

**Department of Health and Human Services
Office of the Assistant Secretary for Aging**

Phone: (202) 401-4634 or (202) 401-4541

FAX: (202)401-7741

 Fernando M. Torres-Gil, Assistant Secretary for Aging

 Christina Cabral
 Brian Lutz
 Michele Puccinelli
 Valerie Soroka
 Betty Turner

 Anna Kindermann
 Stefanie Novacek
 Vicki Shepard
 X **Moya Benoit Thompson**
 Barbara Lewis

Comments:

Number of Pages (including cover sheet): _____

ADMINISTRATION ON AGING



For Immediate Release
Monday, February 26, 1996

Contact: Moya Benoit Thompson
202/401-4541

MEDIA ALERT

ADMINISTRATION ON AGING'S MANAGED CARE CONFERENCE

The U.S. Administration on Aging in the Department of Health and Human Services will hold a major conference entitled, "Emerging Trends in Managed Care: Opportunities for the Aging Network" on Wednesday, February 28 through Friday, March 1, 1996 in Washington, D.C. This conference is being coordinated by the AoA-funded University of Minnesota National Long Term Care Resource Center, a partnership of the Institute for Health Services, School of Public Health of the University of Minnesota and the National Academy for State Health Policy, Portland, Maine.

The conference is the first to bring together all components of the aging network from across the nation to examine the role, opportunities and challenges of managed care, which is playing a major role in health care for older adults and persons with disabilities. The aging network, as key providers of home and community-based services for these populations, will use this conference as a forum for open discussion of the many current issues surrounding the concept of managed care in order to best serve the needs of their consumers.

Speakers throughout the conference include HHS Secretary Donna E. Shalala; Assistant Secretary for Aging Fernando M. Torres-Gil; Bruce Vladeck, Administrator of the Health Care Financing Administration; Chris Jennings, Special Assistant to the President for Health Policy Development; Robert B. Blancato, Executive Director of the 1995 White House Conference on Aging, and Dr. Robert L. Kane, Minnesota Chair in Long Term Care and Aging.

When: Wednesday, February 28
through Friday, March 1

Where: Hyatt Regency on Capitol Hill
400 New Jersey Avenue, NW
202/737-1234

Members of the media are cordially invited to observe conference events and specific sessions. Over 700 individuals have registered to participate, and there will be space restrictions throughout the entire event. If you wish to attend and observe, please contact Moya Benoit Thompson at 202/401-4541 at your earliest opportunity.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

22-Feb-1996 03:36pm

TO: susan.m.daniels
TO: fortuna_d
TO: eeocmill

FROM: Bob Williams

SUBJECT: Memo to Bill White at W.H.

February 17, 1996

To : Bill White

CC's: Appointees with Disabilities, Dianne Fortuna, Bob Sevigny, Fred Fay and
 Becky Ogle

From: Bob Williams

Re : Draft Disability Outreach Plan

Here are my comments and recommendations on various sections of the draft plan:

Introduction:

This section is laid out well. Specific mention needs to be made, however, of parents of children with disabilities and other family members. These families are among those who stand to lose most if conservative Republicans are elected in the White House well retain their majority in Congress. In the State of the Union, President Clinton stressed that "Family is the foundation of American life. If we have stronger families, we will have a stronger America." Republican attacks on ADA, IDEA, SSI and Medicaid weaken and significantly limit the ability of millions of parents to do what they do best: Raise their sons and daughters with disabilities with the same love and care all children need and deserve. Hence, President Clinton's continuing support for these vital laws and initiatives make these parents and families a natural base of support to reach out to and mobilize.

National Steering Committee:

Several recommendations:

o For all the reasons just given, parents of children with disabilities need to be well represented in the leadership and make up of the Committee. Judy and I both have strong ties with politically astute parent leaders across the country. As a first step, a conference call should be held with several of these leaders in the immediate future to: a. Inform them of actions taken to date; b. Solicit their input; and, c. Begin to better integrate them into the overall effort. I will be pleased to work with you and Judy on this.

o Both in terms of the Committee and other activities, specific sports will need to be taken to support the participation of leaders from the self advocacy movement such as Nancy Ward of Nebraska. My suggestion here is that Fred, Becky, you and I have a conference call with Nancy and her support person, Bonnie Shultz, to identify both what these needs are and what kind of role the self advocacy movement sees itself as playing in Ninety Six.

o Attention likewise needs to be given to the racial, ethnic and socio-economic make up of the Committee.

Accessibility, Staffing and Resources:

ACCESSIBILITY -- In addition to what is included in the draft, it's important that:

o Accessibility be recognized as both a process and a necessary outcome of the campaign.

o Accessibility needs to include having access to printed materials in various accessible formats upon request. Primary campaign literature should likewise be made available in simple to understand language for those with modest reading skills (I will be pleased to provide additional suggestions on how this might be done).

o In order to truly bring about the desired effects, access to campaign events needs to be coupled by specific targeted efforts to encourage voters with disabilities, children with disabilities and their families to turn out to such events

STAFFING --

Again for all of the reasons outlined above, the Campaign and Coordinated Campaigns should hire both activists with disabilities and parent activists as well.

RESOURCES --

Leading Democrats with disabilities such as Tony Coehlo, Peter Thomas and others should be enlisted to raise funds and contributions from disability related businesses (durable medical equipment, pharmaceuticals, rehabilitation providers and others). At least part of these funds (25-40%) should then be aimed at mobilizing people with disabilities and our families.

KEY ISSUES --

Consistent with the recommendations made by others at last Thursday night's meeting, I recommend that the issues be organized and presented as follows:

I. THE ISSUES AND PRESIDENT CLINTON'S RECORD:

A. Progress Made in Disability Civil Rights:

- ADA Compliance & Enforcement
- IDEA
- Housing
- The Constitutional Rights of Institutionalized Persons Act*

* The Administration's implementation of CRIPA is likely to be controversial with some. Thought should be given by Liz, myself and others about the best

way to handle this in a low key manner.

B. Access to Quality Health Care and other On Going Home and Community based services:

-- President Clinton's current efforts to save and improve Medicaid and Medicare are based on a solid record of commitment and results.

-- President Clinton's Health Reform Record Thwarted by Republicans

-- Continuing support for sensible insurance reforms - banning the hard of pre-existing conditions under the Kennedy Kassebaum Bill will achieve what even ADA could not

-- Personal Assistance Reform (HCFA)

-- Clinton Administration Success in Streamlining the Home and Community Based Services Waivers (HCFA)

C. The Age of Possibility and Americans with Disabilities:

-- Increasing Incentives to Employment (RSA, SSA, & ADD)

-- Telecommunications

D. Economic Security:

-- SSI

-- SSDI

-- EITC

-- Welfare Reform

E. Achieving Our Destiny Together:

In the State of the Union, President Clinton called on all Americans to "hold high the torch of citizenship in our own lives." "We can only achieve our destiny together" he further noted, "one hand, one generation, one American connecting to another."

Throughout his first term, the President has joined hands with Americans with disabilities to make our country and our shared futures better ones for all. He has done this by:

-- Appointing an unprecedented number of highly qualified individuals with disabilities to key leadership positions throughout his Administration

-- Signing the Motor Voter Bill into law, which makes it easier than ever for people with disabilities to register to vote and have a direct say in decisions which affect them most.

-- Gaining passage of the National Service and School to Work initiatives, providing increased opportunities to young people with and without disabilities to shape their futures and that of the Nation.

(Specific examples of how young people with and without disabilities are working together should be included)

II. PEOPLE WITH DISABILITIES IN TWENTY-FIRST CENTURY AMERICA -- AN AGENDA
NATIONAL COMMUNICATIONS AND MEDIA PLAN

A couple of points here:

o The Coffee with the President should focus on the disability press but be expanded to include reporters with a history of covering ADA, Medicaid, etc.

o "Disability sound bites" should be developed for each major theme and issue to be addressed by the Campaign (e.g., the economy, the Age of Possibility, Health Reform, education, etc.) Once developed these sound bites should then be integrated into all Talking Points, releases, speeches, etc.

o In addition to interviews, Cabinet officers and disability appointees as well as prominent Democrats with disabilities should author op eds laying out what President Clinton's overall Domestic Policy agenda and achievements mean to people with disabilities and their families. .

STATE SPECIFIC PLANS:

I will gladly be the liaison to my home State of Connecticut but would like someone else to handle Minnesota. I would take responsibility for Tennessee and Maryland as well. In Maryland, if and time and ethics permit I might run for to be a delegate.

I hope these comments and recommendations are useful. Please let me know if I can be of further assistance. Thanks.

more

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CALL FOR PROPOSALS:



Building
Health Systems
For People
With Chronic
Illnesses
1996

THE
ROBERT WOOD JOHNSON
FOUNDATION

- Email CR re disabilities submitted
- JH re "policy" / Woldman
- PWD in WH

DISABILITY OUTREACH PLAN FOR CLINTON/GORE '96

I. INTRODUCTION

The 1994 Census estimates that there are 49 million Americans with disabilities. Of a potential pool of 35 million voters, only 14 million people with disabilities are registered. In 1992, 10% of all voters were voters with disabilities.

According to Lou Harris polls, during the last two Presidential elections, the disability vote was as follows:

1992 Clinton - 50%, Bush - 26%, Perot - 18%.
1988 Dukakis - 52%, Bush - 48%.

During the 1988 Presidential campaign, Bush made significant inroads into the traditionally strong Democratic constituency by frequently speaking in support of the Americans with Disabilities Act (ADA), and promising to bring "43 million disabled Americans into our economic mainstream," while the Dukakis campaign failed to reach out to the community.

In 1992, Bush's support among the community crumbled for two reasons. First, under pressure from the business community, Bush backed away from his commitment to the ADA. But secondly, and more importantly, Clinton took several actions that were important to the disability community:

Strong support for enforcing ADA,
Equal access to health care,
An accessible campaign process,
Substantive position papers on disability issues.

As we approach 1996, never before has so much been at stake for the disability community. Whether it is the GOP attacks on Medicare, Medicaid, or the ADA, decades of progress are now in jeopardy. While Dole would, by virtue of his disability and record, be the most formidable Republican opponent, he is beatable because of his party's record, and because Dole has called for weakening the ADA, the 3rd rail of disability politics.

The disability community, while significant in numbers, is organizationally young. With the proper outreach structure and resources, we have an extraordinary opportunity to mobilize this "sleeping giant," make a significant impact in key states, and make the disability community a permanent part of the Democratic base.

In 1996, our goal is to win 75% of the disability vote for Clinton and the Democratic ticket.

II. OBJECTIVES

1. Turnout the largest disability vote possible for Clinton/Gore.
2. Turnout the disability vote for Democratic Candidates.
3. Make the disability community a permanent part of the Democratic base.
4. Build a strong disability voice in the Democratic Party.

III. OUTLINE OF STRATEGIES

1. National Steering Committee
2. Scheduling Priorities
3. Accessibility, Staffing & Resources
4. Democratic National Convention
5. Key Issues
6. Surrogate Speaking Operation
7. National Communications Plan
8. Timetables
9. State Specific Plans
 - A. Steering Committees
 - B. Administration Liaison
 - C. Key Media
 - D. Specific Issues
 - E. Voter Contact

1. NATIONAL STEERING COMMITTEE

The National Committee will be primarily composed of the DNC Disability Advisory Committee, and be expanded to include representatives from key states. The National Committee will be responsible for the overall implementation of the disability outreach plan.

Honorary Chairs: Christopher Reeves?, Stevie Wonder?, Senator Tom Harkin,
Marlee Matlin, Ytzal Perlman

Chairs: Fred Fay (Massachusetts)
Justin Dart? (Washington, DC)
Others?

MEMBERS:

Bobby Simpson,	Arkansas
Hugh Hallenberg,	California
Michela Alioto,	California
Curtis Richards,	California
Jim Parrish,	Florida
Robert Kilbury,	Illinois
Paul Schroeder,	Illinois
Judy Chamberlin,	Massachusetts
Marsha Moers	Michigan
Max Starkloff,	Missouri
Nancy Ward,	Nebraska
Larry Robinson,	New Hampsh.
Edward Smith,	N. Carolina
	New Jersey
Anne Thomas,	New Mexico
Joan Kinzer,	New York
	Ohio???
Elizabeth Healy	Pennsylvania
Ben Soukup,	South Dakota
Becky Ogle,	Tennessee
Bob Kafka,	Texas??
Mary Mcknew	Washington
Jennifer Simpson,	Wash, DC
	Wisconsin???

Elected Officials: Sen. Harkin
DNC Staff Bob Seigny

APPOINTEES:

Marca Bristo
Tony Coelho
Susan Daniels
Deidre Davis
Thomas Hehir
Judith Heumann
John Lancaster
Paul Miller
Howard Moses
Elizabeth Savage
Kate Seelman
Frederick Shroeder
Fernando Torres-Gil
Robert Williams
Michael Winter

2. SCHEDULING PRIORITIES FOR THE WHITE HOUSE:

<u>DATE</u>	<u>PLACE</u>	<u>EVENT</u>	<u>PRINCIPLE</u>
March	DC	Roundtable w/ Parents and Children with Disabilities	POTUS
March	DC	The ARC (Ass. of Retarded Citizens)	MEG
April	Texas	National Council on Disability Disability Policy Summit	MEG/RENO
May	DC	National Council on Independent Living - Annual Conference	VP - HRC - MEG
May	Detroit	President's Comm. on Employment of People with Disabilities	VP-Reich/Reilly
May	Texas	120th Annual Meeting of the American Association on Mental Retardation	MEG - Reilly
June	DC	Coffee w/ National Disability Press	POTUS
July	DC	Americans with Disabilities Act (ADA) Sixth Anniversary	POTUS
August	Georgia	Paralympic Games & Congress	POTUS - VP

Recognize dead - show apprec.

include press

3. ACCESSIBILITY, STAFFING, & RESOURCES

- I. **ACCESSIBILITY:** Having an accessible campaign process sends an important message to the disability community. The Clinton/Gore and DNC Coordinated Campaign must be disability friendly:
 - A. Campaign events need to be accessible.
 - B. Sign language interpreters need to be present at speeches.
 - C. Campaign videos and advertising need to be captioned.
 - D. Campaign offices in the states need to be accessible.
- II. **STAFFING:** In order to fully engage the community, which amounted to 10% of the vote in 1992, a disability activist needs to be hired at the Clinton/Gore Re-Elect on a full-time basis by 4/1/96. In the top ten states, the Coordinated Campaign needs to hire disability activists by 9/1 to mobilize the community.
- III. **RESOURCES:** Americans with Disabilities Vote (Voter Registration Proposal) needs to be funded in order to register the 21 million people with disabilities who are not registered. (\$) Goal to register 210,000

4. DEMOCRATIC NATIONAL CONVENTION

The Convention presents a unique opportunity to: energize key Democratic disability activists from around the country, to visibly demonstrate that the community is playing a key role in the Re-Election, and to empower activists to mobilize the disability community in their community for Clinton/Gore and the Democratic ticket.

- A. ACCESS: All Convention related activities need to be accessible to the community. Past Democratic Conventions have failed in this area, generating negative press and sending the wrong message to the community. The DNC Disability Advisory Committee is planning on sending a small team of experts to evaluate convention facilities.
- B. DELEGATES: Special efforts should be undertaken to ensure that the disability community is properly represented among the Convention delegates.
- C. DISABILITY CAUCUS: Disability delegates, while in Chicago, need to meet with the leadership of the campaign. (POTUS, VP, Ickes, Sosnik, Lewis, Morris).
- D. SPEAKING: One or more disability leaders need to be given an opportunity to deliver a major address at the Convention.
- E. PLATFORM: Disability delegates need to represent the community on the Platform Committee. Issues will be the tools we use to bring the disability community into the Democratic tent.

4. SURROGATE SPEAKING OPERATION

I. Message

- A. Develop packet of background papers, talking points.
- B. Review of Administration speeches for proper language.

II. Cabinet:

- A. SECY. SHALALA/Reilly - LDA (MARCH)
- B. AG RENO - SELF HELP FOR HARD OF HEARING PEOPLE (JUNE) OR NATIONAL ASSOC. OF DEAF (JULY)
- C. CHMN. HUNT (FCC) - NATIONAL ASSOC. OF THE DEAF (JULY)
- D. SECY. REILLY - NATIONAL FED. OF THE BLIND (JUNE)
- E. SECY. CISNEROS - TBD
- F. Jesse Brown -
- J. Robert Reich

II. Key Administration Officials

- A. CAROL RASCO
- B. TONY COELHO
- C. DEVAL PATRICK (DOJ)
- D. CHMN. CASELLAS/PAUL IGASAKI (EEOC)
- E. A/S Judith Heumann
- F. A/S Fernando Torres-Gil
- G. EEOC Commissioner Paul Miller
- H. Asst. Comm. Sue Daniels
- E. APPOINTEES WITH DISABILITIES
- F. GRASSROOTS DISABILITY LEADERS

6. KEY ISSUES

I. CRITICAL ISSUES TO THE CONSTITUENCY

A. Health Care

1. Medicare
2. Medicaid
3. Long-Term Care

B. Civil Rights

1. ADA ENFORCEMENT
2. IDEA
3. Housing

C. WELFARE REFORM

1. SSI
2. SSDI
3. EITC
4. AFDC

D. Personal Assistance Services

E. Telecommunications

F. Insurance Reform (Kennedy/Kassebaum Bill)

G. Employment of People with Disabilities

I. Home and Community Based Services

II. ADMINISTRATION'S RECORD OF ACCOMPLISHMENTS

A. Policy Document

B. Appointees with disabilities (including boards and commissions)

III. ADMINISTRATION'S AGENDA FOR THE FUTURE

A. Document plus addition re ada enforcement

7. NATIONAL COMMUNICATION AND MEDIA PLAN

A. FREE MEDIA PLAN

i. National Disability "Specialty" Press:

1. Coffee with POTUS
2. Include in White House Press outreach list
3. Interviews with Cabinet heads (Reilly, Reno, Shalala, Cisneros, Hunt)
4. Coordinate Agency press releases
(DOJ/DOE/HHS/DOL/DOT/DOC/EEOC/FCC)
Re issues and cabinet level speeches.
5. Outreach by appointees with disabilities.
6. Outreach to disability grassroots organizations.

ii. Organizational Newsletters:

1. Agency press releases, Presidential statements, Cabinet level speeches

iii. Key Media Outlets/Reporters:

1. CA/NY/IL
2. Joe Shapiro US News & World Report

B. PAID MEDIA

- i. Print outlet
- ii. Electronic outlets.

8. TIMETABLES

March	Confirm State Chairs in Target States.
April	Hire full-time disability activist at Clinton/Gore.
April	Event to announce formation C/G Disability Leadership Council.
May-June	Events in States to announce C/G State Steering Committees
August	DNC Convention
August	Coordinated Campaign hire of disability activists in top 10 states.

9. STATE SPECIFIC PLANS

STATE STEERING COMMITTEES

Each state will establish a coordinating committee made up of leaders and supporters who are willing to make a commitment to organizing the community in their states. The state committees will work in conjunction with the Coordinated Campaign in field organizing, organizing campaign events, voter registration, fundraising, and media relations.

First Tier: California, Illinois, Michigan, New Jersey,
New York, Ohio, Pennsylvania, Wisconsin

Second Tier: Arkansas, Colorado, Connecticut, Kentucky, Iowa, Louisiana, Maryland,
Massachusetts, Minnesota, New Mexico, Oregon, Tennessee,
Washington

Third Tier: Florida, North Carolina

ADMINISTRATION LIAISON

KEY STATE MEDIA

KEY STATE ISSUES

VOTER CONTACT

Disability E-Mail System
Persuasion Mailings/Newsletter
Voter Registration
Voter ID
GOTV

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

ARKANSAS

1. State Steering Committee (in formation)

Bobby Simpson

2. Administration Liaison

Sue Daniels

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

CALIFORNIA

1. State Steering Committee (in formation)

Michela Alioto
Hugh Hallenberg
Curtis Richards

2. Administration Liaison

Judy Heumann
Michela Alioto

3. Key Issues

- Affirmative Action
- No statewide elections

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

COLORADO

1. State Steering Committee (in formation)

Homer Paige
Jim Hudson
Julie Reiskin

2. Administration Liaison

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

CONNECTICUT

1. State Steering Committee (in formation)

Rachel Wheeler-Rosso
Yolanda Negron
Phyllis Slotnik

2. Administration Liaison

Bob Williams

2. Key Issues

- Low interest election- no statewides

3. Media

4. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

FLORIDA

1. State Steering Committee (in formation)

Jim Parrish

2. Administration Liaison

Sue Daniels

3. Key Issues

- No statewide-elections

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

ILLINOIS

1. State Steering Committee (in formation)

Robert Kilbury
Paul Schroeder
Larry Gorski

2. Administration Liaison

Liz Savage
Marca Bristo

3. Key Issues

- Senate race for Simon seat
- Convention

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

IOWA

1. State Steering Committee (in formation)

Julie Beckett

2. Administration Liaison

Howard Moses

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

KENTUCKY

1. State Steering Committee (in formation)
2. Administration Liaison
3. Key Issues
4. Media
5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

LOUISIANA

1. State Steering Committee (in formation)

2. Administration Liaison

Sue Daniels

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

MARYLAND

1. State Steering Committee (in formation)
2. Administration Liaison
3. Key Issues
 - Low interest election- no statewides or initiatives
4. Media
5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

MASSACHUSETTS

1. State Steering Committee (in formation)

Judy Chamberlin
Fred Fay
John Winske
Liz Hardy-Jackson

2. Administration Liaison

Thea Spires

3. Key Issues

- Kerry-Weld race
- Torkildsen and Studds races

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

MICHIGAN

1. State Steering Committee (in formation)

Marsha Moers

2. Administration Liaison

Liz Savage

3. Key Issues

•Levin Senate race

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

MINNESOTA

1. State Steering Committee (in formation)

2. Administration Liaison

Bob Williams

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

NEW JERSEY

1. State Steering Committee (in formation)

2. Administration Liaison

Deidre Davis

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

NEW MEXICO

1. State Steering Committee (in formation)

Anne Thomas

2. Administration Liaison

Paul Miller

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

NEW YORK

1. State Steering Committee (in formation)

Joan Kinzer

2. Administration Liaison

Deidre Davis

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

NORTH CAROLINA

1. State Steering Committee (in formation)

Eddie Smith

2. Administration Liaison

Liz Savage

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

OHIO

1. State Steering Committee (in formation)

2. Administration Liaison

3. Key Issues

- Low interest election- no statewides

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

OREGON

1. State Steering Committee (in formation)

2. Administration Liaison

Paul Miller

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

PENNSYLVANIA

1. State Steering Committee (in formation)

Liz Healy
Lucy Sprull

2. Administration Liaison

Deidre Davis

3. Key Issues

- No statewide election

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

TENNESSEE

1. State Steering Committee (in formation)

Becky Ogle

2. Administration Liaison

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

WASHINGTON

1. State Steering Committee (in formation)

Mary Mcknew

2. Administration Liaison

Paul Miller

3. Key Issues

4. Media

5. Disability Population

**1996 Clinton-Gore Disability Leadership Council
Targeted State Synopsis**

WISCONSIN

1. State Steering Committee (in formation)

2. Administration Liaison

Liz Savage

3. Key Issues

4. Media

5. Disability Population

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Managed Care New Directions for People with Developmental Disabilities

February 1-2, 1996
Orlando North Hilton Towers
Altamonte Springs, Florida

Presented by

The National Training Institute of the
American Association on Mental Retardation
and
Massachusetts Services Research Institute
Cambridge, Massachusetts

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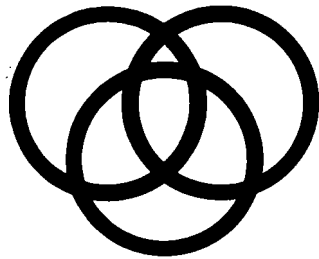
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Strengthening The Safety Net: The medicaid managed care Program

10

■ **CALL FOR PROPOSALS:**



Strengthening
The Safety Net:
The Medicaid
Managed Care
Program

THE
ROBERT WOOD JOHNSON
FOUNDATION

Winter

3/20?

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sp

Not need - not
VP friend -

Jeff Morales

Liz Montoya

should help

1 page fax

Appointees w/
Disabilities

THE WHITE HOUSE

WASHINGTON

February 26, 1996

MEMORANDUM TO ADMINISTRATION APPOINTEES WITH DISABILITIES

FROM: Diana Fortuna *DF*
Domestic Policy Council

SUBJECT: Meeting on Managed Care

You are invited to a meeting of the Administration Appointees with Disabilities and Carol Rasco to discuss developments in managed care for people with disabilities. We will hear presentations by Bruce Vladeck, Administrator of the Health Care Financing Administration (HCFA), HHS; and Robyn Stone, Deputy Assistant Secretary, Office of Disability, Aging, and Long Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, HHS.

Bruce and Robyn will outline research in this area and talk about how HHS is trying to keep up with the change in this fast-moving area. We have asked for short presentations so that we can spend most of the time on Q&A and discussion.

The meeting will be Friday, March 15, from 2:30 to 4 p.m., in Room 472 of the Old Executive Office Building. If you plan to attend or have any questions, please call me or leave me a message at 202-456-5570, and leave your date of birth so that I can clear you into the Old Executive Office Building.

I am also planning a meeting soon with representatives from the FCC to discuss the new telecommunications law.

Distribution:

Eugene Brickhouse
Marca Bristo
Jack Catlin
Tony Coelho
John W. Cressman
Susan Daniels
Deidre Davis
Speed Davis
Michael Derian
Eddie Espinosa
Michael Grant
Christine Griffin
Judy Heumann
Andrew Imparato
Donald Itzkoff
Neil Jacobson
Robert L. Jones

John Lancaster
Karen Meyer
Paul Steven Miller
Howard Moses
Patricia Parisi
Liz Savage
Richard Schifffrin
Fredric Schroeder
Katherine Seelman
Michael Tecklenberg
Fernando Torres-Gil
Raymond Vogel
Bob Williams
Michael Winter